

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

2005**Open to Public Inspection****A For the 2005 calendar year, or tax year beginning**

, and ending

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 OF NYC, INC

Number and street (or P O box if mail is not delivered to street address)

26 BLEECKER STREET

City or town

State or country

ZIP + 4

NEW YORK

NY

10012-2413

D Employer identification number

13-2621497

E Telephone number

(212) 274-7230

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶

● 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 ▶**H(c)** Are all affiliates included? ☐ 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 ▶**G** Website: ▶ www.ppnyc.org**J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (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.**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶

32,497,687

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

1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	7,276,011
b	Indirect public support	1b	97,416
c	Government contributions (grants)	1c	5,636,431
d	Total (add lines 1a through 1c) (cash \$ 12,136,364 noncash \$ 873,494)	1d	13,009,858
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	12,133,853
3	Membership dues and assessments	3	0
4	Interest on savings and temporary cash investments	4	0
5	Dividends and interest from securities	5	2,817,336
6a	Gross rents		
b	Less rental expenses		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
7	Other investment income (describe ▶)	7	4,426,900
8a	Gross amount from sales of assets other than inventory		
b	Less cost or other basis and sales expenses		
c	Gain or (loss) (attach schedule)		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ 575,195 of contributions reported on line 1a)	9a	56,350
b	Less direct expenses other than fundraising expenses	9b	0
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	56,350
10a	Gross sales of inventory, less returns and allowances	10a	0
b	Less cost of goods sold	10b	0
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0
11	Other revenue (from Part VII, line 103)	11	53,390
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	32,497,687
13	Program services (from line 44, column (B))	13	21,137,423
14	Management and general (from line 44, column (C))	14	4,117,291
15	Fundraising (from line 44, column (D))	15	1,308,039
16	Payments to affiliates (attach schedule)	16	245,081
17	Total expenses (add lines 16 and 44, column (A))	17	26,807,834
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	5,689,853
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	95,179,625
20	Other changes in net assets or fund balances (attach explanation)	20	-4,243,897
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	96,625,581

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
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	0		
26	Other salaries and wages	26	13,028,693	10,145,045	2,401,529
27	Pension plan contributions	27	665,865	474,324	148,855
28	Other employee benefits	28	1,541,092	1,174,234	337,142
29	Payroll taxes	29	1,005,244	727,599	238,066
30	Professional fundraising fees	30	90,000		90,000
31	Accounting fees	31	99,662		99,662
32	Legal fees	32	66,236	9,788	56,448
33	Supplies	33	1,839,066	1,781,313	54,576
34	Telephone	34	285,060	247,028	30,901
35	Postage and shipping	35	155,306	38,972	8,322
36	Occupancy	36	1,527,078	1,307,390	168,536
37	Equipment rental and maintenance	37	475,890	417,196	47,471
38	Printing and publications	38	222,179	122,700	23,102
39	Travel	39	204,465	190,464	12,932
40	Conferences, conventions, and meetings	40	184,061	61,394	11,273
41	Interest	41	15,360		15,360
42	Depreciation, depletion, etc (attach schedule)	42	923,974	735,256	143,218
43	Other expenses not covered above (itemize)				
a	See attached statement	43a	4,233,522	3,704,720	319,898
b		43b	0	0	0
c		43c	0	0	0
d		43d	0	0	0
e		43e	0	0	0
f		43f	0	0	0
g		43g	0	0	0
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	26,562,753	21,137,423	4,117,291

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 \$, (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? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<p>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.)</p> <p>a Clinical Services - Provides accurate information and quality reproductive health care so that all individuals can make informed choices. Services include gynecological exams, family planning, abortion, HIV testing and counseling. 80,730 visits for health services during 2005.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	16,783,158
<p>b Education Program - Teaching real-life skills to adults and young people so that they can be well-informed, serve as role models and improve their own health and that of their communities. Research and pilot sexuality education in communities and classrooms.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,754,024
<p>c International Program - Seeks voluntary efforts to help teach individuals about healthy sexual behavior, sexually transmitted diseases and contraceptive methods. Activities include resident advisory office in South Africa, and Dominica Republic as well as teaching activities in Jamaica.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,228,139
<p>d Public Information - Promotes the right to privacy and freedom of choice in managing reproductive decisions and sexual behavior. Inform the public on current issues regarding reproductive rights, new contraceptive technologies and related health issues. Activities include conferences, public service ads, speeches and presentations.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	1,372,102
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	21,137,423

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	1,715,902	45	1,983,646
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 4,095,852		
	b Less: allowance for doubtful accounts	47b -335,779	4,178,526	47c 3,760,073
	48 a Pledges receivable	48a 1,251,510		
	b Less: allowance for doubtful accounts	48b 0	1,787,260	48c 1,251,510
	49 Grants receivable	3,409,204	49	2,673,673
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less: allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	38,757	53	51,296
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	77,049,955	54	77,727,917
	55 a Investments—land, buildings, and equipment basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment basis	57a 18,711,179			
b Less: accumulated depreciation (attach schedule)	57b 7,452,159	12,073,041	57c 11,259,020	
58 Other assets (describe <input type="checkbox"/> Deposits)	34,382	58	35,035	
59 Total assets (must equal line 74) Add lines 45 through 58	100,287,027	59	98,742,170	
Liabilities	60 Accounts payable and accrued expenses	1,714,750	60	1,308,260
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	2,645,000	64b	0
	65 Other liabilities (describe <input type="checkbox"/> See attached statement)	747,652	65	808,329
66 Total liabilities. Add lines 60 through 65	5,107,402	66	2,116,589	
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	13,894,347	67	15,575,589
	68 Temporarily restricted	8,438,428	68	8,202,142
	69 Permanently restricted	72,846,850	69	72,847,850
	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)	95,179,625	73	96,625,581
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	100,287,027	74	98,742,170

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	28,253,790
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-4,243,897	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4			b -4,243,897
c	Subtract line b from line a			c 32,497,687
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	0	
	Add lines d1 and d2			d 0
e	Total revenue (Part I, line 12). Add lines c and d			e 32,497,687

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

a	Total expenses and losses per audited financial statements		a	26,807,834
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4	0	
	Add lines b1 through b4			b 0
c	Subtract line b from line a			c 26,807,834
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	0	
	Add lines d1 and d2			d 0
e	Total expenses (Part I, line 17). Add lines c and d			e 26,807,834

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
Name Board of Directors Str 26 Bleecker Street City New York ST NY ZIP 100122413	Title See attached Hr/WK	0	0	0
Name Joan Malin Str 26 Bleecker Street City New York ST NY ZIP 100122413	Title CEO Hr/WK 35	194,193	48,548	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

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 0		
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? 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.	75c	X
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
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
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Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

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?	78b	N/A
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 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a	81b	X
b Did the organization file Form 1120-POL for this year?		

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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	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	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
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		
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	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	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	
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 ▶ N/A, section 4912 ▶, section 4955 ▶		
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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed	90b	373
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)		
91 a	The books are in care of ▶ Name Finance Department Telephone no ▶ (212)274-7230 Located at ▶ 26 Bleeker Street City New York ST NY ZIP + 4 ▶ 10012-2413		
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	91b	X
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 ▶	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

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 99					12,039,385
b Professional Training Fees					94,468
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					
96 Dividends and interest from securities			14	2,817,336	
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			16	4,426,900	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					56,350
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous					53,390
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		7,244,236	12,243,593
105 Total (add line 104, columns (B), (D), and (E))					19,487,829

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)

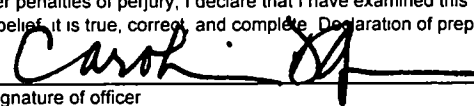
Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

▼

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	%		0	0
	%		0	0
	%		0	0
	%		0	0

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	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		11/14/06 Date	
Paid Preparer's Use Only	Caroline D. Greene, CFO Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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**

OMB No. 1545-0047

2005

Name of the organization

PLANNED PARENTHOOD OF NYC, INC

Employer identification number

13-2621497

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 employee benefit plans & deferred compensation	(e) Expense account and other allowances
Zupnick, Gerald, c/o PPNYC, 26 Bleecker Street New York, NY 10012-2413	Physician 0	301,285	75,321	0
Montaz, M., c/o PPNYC, 26 Bleecker Street New York, NY 10012-2413	Physician 35	244,795	61,199	0
Greene, Caroline, c/o PPNYC, 26 Bleecker Street New York, NY 10012-2413	VP for F&A/CFO 35	184,143	46,036	0
Fahmy, Ahmed M., c/o PPNYC, 26 Bleecker Street New York, NY 10012-2413 Afghanistan	Physician 0	153,705	38,426	0
Robinson, Anne, c/o PPNYC, 26 Bleecker Street New York, NY 10012-2413	VP, Clinical Svcs 35	145,441	36,360	0
Total number of other employees paid over \$50,000 ▶	76			

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
Resources Anesthesiology Assoc, 145 Huguenot Street #103 New Rochelle, NY 10801 Abe	Anesthesiology Services	1,145,836
Sanky Perlowin Associates, Inc, 589 8th Avenue, 10th Floor New York, NY 10018-3005	Fundraising Consultants	96,946
Goldstein, Golub Kessler, 1185 Avenue of The Americas New York, NY 10036-2602	Accounting Consultants	81,060
Wilson, Elser, Moskowitz, 677 Broadway, 5th Floor Albany, NY 12207	Legal Services	58,260
		0
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
John Mandel Security, 611 Jackson Avenue Bronx, NY 10455	Security Guard Service	237,229
Public Media Center, 466 Green Street San Francisco, NY 94133	Media Consultants	137,763
Vista Media, P.O. Box 51046 Los Angeles, CA 90051-5346	Media Consultants	82,000
The Pierre, 2 East Street New York, NY 10021	Banquet-Reception Services	75,203
Ceridian-New York, P.O. Box 10989 New York, NY 07193	Payroll Services	57,522
Total number of other contractors receiving over \$50,000 for other services ▶	1	

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

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

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, 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 ► \$ <u>34,650</u> (Must equal amounts on line 38, Part VI-A, or line i 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 X	
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)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a X	
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)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 ► _____ City _____ ST _____ Country _____
- 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)
- 11 a ☒ 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)
- 11 b ☐ 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 supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	15,161,269	14,655,966	16,224,726	13,749,739	59,791,700
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	10,674,743	9,736,018	9,661,563	8,941,097	39,013,421
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	2,205,942	2,110,955	2,606,196	2,055,940	8,979,033
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	0	0	0	0	0
23 Total of lines 15 through 22	28,041,954	26,502,939	28,492,485	24,746,776	107,784,154
24 Line 23 minus line 17	17,367,211	16,766,921	18,830,922	15,805,679	68,770,733
25 Enter 1% of line 23	280,420	265,029	284,925	247,468	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►				26a	1,375,415
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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts ►				26b	2,803,866
c Total support for section 509(a)(1) test Enter line 24, column (e) ►				26c	68,770,733
d Add Amounts from column (e) for lines 18 8,979,033 19 0 22 0 26b 2,803,866 ►				26d	11,782,899
e Public support (line 26c minus line 26d total) ►				26e	56,987,834
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►				26f	82.87%
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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines 15 0 16 0 17 0 20 0 21 0 ►				27c	0
d Add Line 27a total 0 and line 27b total 0 ►				27d	0
e Public support (line 27c total minus line 27d total) ►				27e	0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ►				27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ►				27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ►				27h	0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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		
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	
34 a 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 9 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**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	5,432
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	29,218
38	Total lobbying expenditures (add lines 36 and 37)	38	0 34,650
39	Other exempt purpose expenditures	39	26,773,184
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 26,807,834
41	Lobbying nontaxable amount Enter the amount from the following table—		
	If the amount on line 40 is—		
	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		
	The lobbying nontaxable amount is—		
	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		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	0 1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 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 11 of the instructions

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	34,650	33,317	32,324	24,694	124,985
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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

- 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.)

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

Yes	No	Amount
		0

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Direct public support		
1 Contributions	5,827,322	1 873,494
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	575,195	4
5		5
6		6
7		7
8		8
9		9
10 Total	6,402,517	10 873,494
Line 1b - Indirect public support	97,416	
Line 1c - Government contributions (grants)	5,636,431	

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	Family Gathering	Partners	Art Choice		
1a Number of special events					
2 Gross receipts	520,910	82,250	6,113	22,272	2 631,545
3 Less contributions	477,510	69,300	6,113	22,272	3 575,195
4 Gross revenue	43,400	12,950	0	0	4 56,350
5 Less direct expenses					5 0
6 Net income or (loss)	43,400	12,950	0	0	6 56,350

Line 16 (990) - Payments to affiliates

	Name	Street	City	ST	ZIP	ID number	Purpose	Amount
1	Planned Parenthood Fed	34 West 33rd Street	New York	NY	10001	13-1644147	Membership Dues	245,081
2								
3								
4								
5								
6								
7								
8								
9								
10								
11	Total						11	245,081

Line 20 (990) - Other changes in net assets or fund balances

1	Unrealized gain/(loss), effect of FAS 124 on market valuation of Investments	1	-4,243,897
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	-4,243,897

Line 42 (990) - Depreciation, Depletion, etc. 923,974 735,256 143,218 45,500

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	DEPRECIATION AND AMORTIZATION	923,974	735,256	143,218	45,500
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Line 43 (990) - Other Deductions

4,233,522

3,704,720

319,898

208,904

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Physician Fees	1,182,897	1,182,897		
2	Laboratory Fees & Outside Services	506,265	506,265		
3	Other Professional Fees	759,997	567,239	146,769	45,989
4	Subscriptions, Advertising & Marketing	511,853	344,531	56,207	111,115
5	Medical Liability Insurance	430,844	430,844		
6	Bad Debt Allowance	168,458	168,458		
7	Bank Charges and Investment Management Fees	142,801	98,051	19,828	24,922
8	Stipends/Employment Bonus	91,549	79,714	11,835	
9	Overhead/Participant Fees/Pass Thru Funds	312,856	312,856		
10	Contingency	34,675		34,675	
11	Miscellaneous Expenses	91,327	13,865	50,584	26,878
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Accounts Receivables	1	4,345,847	4,095,852	-167,321	-335,779
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	4,345,847	4,095,852	-167,321	-335,779

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Pledge Receivable	1	1,787,260	1,251,510		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges receivable	11	1,787,260	1,251,510	0	0

Line 54 (990) - Investments - Securities

Check one box below to indicate how securities are reported

☐ Cost☐ End of year market value (FMV)

		0	77,049,955	77,727,917
		Number of shares/ face value	Value at time of donation	Beginning balance book value
Securities at end of year				Ending balance book value
1	Equity Securities			49,277,836
2	Corporate Bond			25,576,894
3	Cash and Cash Equivalents			2,195,225
4				0
5				0
6				0
7				0
8				0
9				0
10				0
11				0
12				0
13				0
14				0
15				0
16				0
17				0
18				0
19				0
20				0

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)				Land (net of any amortization)			
				Beginning		End	
1							
2							
3							
4							
5							
6	Total land (net of any amortization)			0		0	

Buildings and equipment				Buildings and equipment				Accumulated depreciation			
				Beginning		End		Beginning		End	
7	Building		7	5,026,494		5,026,495		167,550		335,100	
8	Furniture & Fixtures		8	1,028,880		1,028,880		582,633		653,494	
9	Equipment		9	1,240,753		1,194,388		822,799		897,681	
10	Leasehold Improvements		10	11,434,809		11,461,416		5,084,913		5,565,884	
11			11								
12			12								
13			13								
14			14								
15			15								
16			16								
17	Total buildings and equipment		17	18,730,936		18,711,179		6,657,895		7,452,159	
18	Buildings and equipment (less accumulated depreciation)		18					12,073,041		11,259,020	
19	Total land, buildings and equipment		19					12,073,041		11,259,020	

Category or Item				Cost/Other Basis		Accumulated Depreciation		Book Value
1			1					
2			2					
3			3					
4			4					
5			5					
6			6					
7			7					
8			8					
9			9					
10			10					
11	Total		11	0		0		0

Line 58 (990) - Other assets

		34,382	35,035
		Beginning	End
1	Deposits	34,382	35,035
2			
3			
4			
5			
6			
7			
8			
9			
10			

Line 64b (990) - Mortgages and other notes payable

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	Bank of America Line of Credit Loan	<input type="checkbox"/>	4.5000 00	2,645,000	0
19	Totals		0	2,645,000	0

Line 65 (990) - Other liabilities

747,652

808,329

		Beginning	End
1	Advances	549,729	646,129
2	Annunities Payable	197,923	162,200
3			
4			
5			
6			
7			
8			
9			
10			

[illegible]

PLANNED PARENTHOOD OF NEW YORK CITY, INC.
EIN-13-2621497
FYE-DECEMBER 31, 2005

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

DESCRIPTION

Planned Parenthood of New York City is a non-profit organization providing a wide range of reproductive health services, information, training, and counseling to the New York City community. We are a leader in the design and implementation of comprehensive sex education for youth, their parents and teachers, and advocate on behalf of measures that ensure women's health and wellness in New York State and beyond. PPNYC's three Health Centers are licensed by the State of New York and provide affordable, comprehensive, and medically approved reproductive health services and counseling.

Planned Parenthood of New York City
 BOARD OF DIRECTOR LIST
 DECEMBER 2005

NAME	HOME ADDRESS and TELEPHONE #	BUSINESS ADDRESS and TELEPHONE #
Vincent Ahonkhah, M.D.	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Marcia Allina	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Leslie K. Brown	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Gloria J. Browne-Marshall	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Deborah Buck	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Jocelyn Clopton Cooper	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Katie Danziger	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Emme L. Deland	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Harriette K. Dorsen	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200

Planned Parenthood of New York City
BOARD OF DIRECTOR LIST
DECEMBER 2005

Lisa Beattie Frelinghuysen	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Clare Russell Gregorian	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Stacey R. Grill	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Polly W. Guth	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Ellen Jewett	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Catherine E. Kinsey	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Betty Kowaloff	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Rev. Sara Lamar-Sterling	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Patricia Y. Marti	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200

Planned Parenthood of New York City
BOARD OF DIRECTOR LIST
DECEMBER 2005

Diane Max	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
John N. Mayberry	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Rafael Mayer	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Jerome M. Menifee	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Josie Morales	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Barbara S. Mosbacher	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Pamela G. Perkins	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Lisa Pevaroff-Cohn	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Laura A. Philips	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200

Planned Parenthood of New York City
BOARD OF DIRECTOR LIST
DECEMBER 2005

Betty Rollin	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Beth Rothenberg	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
David Sherman	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Carla Sinz	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Paul Sperry	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Albert G. Thomas, M.D.	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
John Townsend	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Ann Unterberg	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Patricia J. Volland	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200

Planned Parenthood of New York City
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Nicole Wachter	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Carolyn Westhoff, M.D.	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200
Robin Willner	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200	C/o Planned Parenthood of NYC 26 Bleecker Street New York, NY 10012 (212) 274-7200

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only. ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	PLANNED PARENTHOOD OF NEW YORK CITY, INC.	132621497
	Number, street, and room or suite no. If a P.O. box, see instructions	
	26 BLEECKER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	NEW YORK, NY 10012	

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

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

- The books are in the care of ▶ CHARLES EKE, CONTROLLER

Telephone No ▶ 212 274-7359FAX No ▶ 212 274-7227

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole group**, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year 2005 or
- ▶ ☐ tax year beginning , , and ending ,

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 12-2004)