

Form **990**

OMB No 1545-0047

**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

Department of the Treasury  
Internal Revenue Service

**A For the 2005 calendar year, or tax year beginning 10/01/05, and ending 9/30/06**

- 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 CENTERS OF WEST MICHIGAN, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**425 CHERRY SE**

City or town, state or country, and ZIP + 4  
**GRAND RAPIDS MI 49503**

**D Employer identification no.**  
**38-1782520**

**E Telephone number**  
**616-774-7005**

**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  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list See instr)

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

**I Group Exemption Number**

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

**G Website:** <http://www.ppcwm.org/>

**J Organization type** (check only one)  501(c) ( **3** )  4947(a)(1) or  527

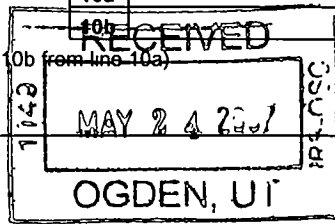
**K Check here**  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **6,180,969**

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

REVENUE SCANNED JUN 29 2007

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>557,999</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	<b>Total</b> (add lines 1a through 1c) (cash \$ <b>537,886</b> noncash \$ <b>20,113</b> )	<b>1d</b>		<b>557,999</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>3,402,329</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<b>70,315</b>	
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	<b>1,981,340</b>	(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>	<b>1,727,758</b>		
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>See Stmt 1</b>	<b>8c</b>	<b>253,582</b>		
<b>8d</b>				<b>253,582</b>	
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	<b>68,986</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<b>3,829</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<b>65,157</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<b>100,000</b>	
<b>12</b>	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>4,449,382</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>3,553,338</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>266,047</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>117,916</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>		<b>80,682</b>	
<b>17</b>	<b>Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		<b>4,017,983</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>431,399</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>2,221,624</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>See Statement 3</b>	<b>20</b>		<b>-213,667</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>2,439,356</b>	



EXPENSES

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

915 22

**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 \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	405,812	241,737	14,508
26	Other salaries and wages	26	1,816,164	1,537,905	52,754
27	Pension plan contributions	27			
28	Other employee benefits	28	402,242	311,820	10,620
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	22,342	15,425	301
34	Telephone	34	18,569	15,521	
35	Postage and shipping	35	14,697	7,170	4,659
36	Occupancy	36	199,009	155,825	
37	Equipment rental and maintenance	37	74,337	69,135	
38	Printing and publications	38	16,103	6,428	7,538
39	Travel	39	16,735	12,424	544
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	28,587	182	28,405
43	Other expenses not covered above (itemize)				
a	See Statement 4	43a	922,704	1,179,766	26,992
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	3,937,301	3,553,338	117,916

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose?

▶ **See Statement 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a **MEDICAL SERVICES TO WOMEN AND MEN WITH EMPHASIS ON REPRODUCTIVE HEALTH - APPROXIMATELY 24,200 CLIENTS SERVED**

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

**3,162,271**

b **EDUCATIONAL SERVICES TO THE GENERAL PUBLIC INCLUDING PRESENTATIONS ON FAMILY PLANNING OPTIONS, PEER EDUCATION, PARENT EDUCATION, AND SEXUAL HEALTH - APPROX 11,000 CLIENTS SERVED**

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

**324,248**

c **PUBLIC AFFAIRS AND LOBBYING - PRESENTING THE NEED FOR FAMILY PLANNING SERVICES TO LEGISLATORS AND THE GENERAL PUBLIC**

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

**52,774**

d **COMMUNITY SERVICES AND PUBLIC RELATIONS - PRESENTING THE GOALS AND OBJECTIVES OF THE ORGANIZATION TO THE COMMUNITY IN ORDER TO BUILD LONG-TERM SUPPORT FOR THESE GOALS**

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

**14,045**

e Other program services (attach schedule)

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

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

**3,553,338**

Form 990 (2005)

**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	
<b>Assets</b>	45 Cash-non-interest-bearing		45		
	46 Savings and temporary cash investments	630,670	46	498,615	
	47a Accounts receivable	80,262			
	b Less allowance for doubtful accounts		31,726	47c 80,262	
	48a Pledges receivable	98,100			
	b Less allowance for doubtful accounts		78,121	48c 98,100	
	49 Grants receivable	31,845	49	349,525	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use	78,856	52	141,840	
	53 Prepaid expenses and deferred charges	54,710	53	44,065	
	54 Investments-securities <b>See Statement 6</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,448,453	54	1,707,341	
	55a Investments-land, buildings, and equipment basis				
	b Less accumulated depreciation (attach schedule)			55c	
	56 Investments-other (attach schedule)	See Stmt 7	245,910	56	201,317
	57a Land, buildings, and equipment basis	686,277			
	b Less accumulated depreciation (attach schedule) <b>See Statement 8</b>	604,986	82,869	57c	81,291
58 Other assets (describe <b>See Statement 9</b> )		92,083	58	62,685	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	2,775,243	59		3,265,041	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	186,843	60	411,467	
	61 Grants payable		61		
	62 Deferred revenue	100,999	62	110,563	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe <b>See Statement 10</b> )	265,777	65		303,655
66 <b>Total liabilities.</b> Add lines 60 through 65	553,619	66		825,685	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted	1,148,657	67	1,348,082	
	68 Temporarily restricted	88,207	68	117,958	
	69 Permanently restricted	984,760	69	973,316	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	2,221,624	73		2,439,356	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,775,243	74		3,265,041	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	<b>4,265,014</b>
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	-200,768	
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify)	<b>b4</b>	See Stmt 11 16,400	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	-184,368
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>4,449,382</b>
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>4,449,382</b>

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	<b>4,034,383</b>
<b>b</b>	Amounts included on line a but not Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify)	<b>b4</b>	See Stmt 12 16,400	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	16,400
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	<b>4,017,983</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	<b>4,017,983</b>

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
S KATHERINE HUMPHREY GRAND RAPIDS MI 49503	PRES/CEO 35	145,080	18,219	0
SUZANNE REITER GRAND RAPIDS MI 49503	VP-CLIENT SE 35	88,446	8,973	0
DIANE BRADY GRAND RAPIDS MI 49503	VP-FIN & ADM 35	96,284	10,145	0
JANIS LUNQUIST GRAND RAPIDS MI 49503	VP-EDUCATION 35	76,002	8,189	0
SEE ATTACHED LISTING OF BOARD OF DIRECTORS, ALL OF WHOM ARE UNCOMPENSATED.	0	0	0	0
	0	0	0	0



**Part VI Other Information (continued)**

		Yes	No
<b>82a</b> 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?	<b>82a</b>	<b>X</b>	
<b>b</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)	<b>82b</b>   <b>12,571</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>   <b>N/A</b>		
<b>85</b> 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>   <b>N/A</b>		
<b>b</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	<b>85b</b>   <b>N/A</b>		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>   <b>N/A</b>		
<b>h</b> 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?	<b>85h</b>   <b>N/A</b>		
<b>86</b> 501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b> 501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
<b>88</b> 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	<b>88</b>		<b>X</b>
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <b>0</b> , section 4912 ▶ <b>0</b> , section 4955 ▶ <b>0</b>			
<b>b</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	<b>89b</b>		<b>X</b>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶ <b>0</b>			<b>0</b>
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <b>0</b>			<b>0</b>
<b>90a</b> List the states with which a copy of this return is filed ▶ <b>MI</b>			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	<b>90b</b>   <b>62</b>		
<b>91a</b> The books are in care of ▶ <b>DIANE BRADY</b>	Telephone no ▶ <b>616-774-7005</b>		
Located at ▶ <b>GRAND RAPIDS, MI</b>	ZIP + 4 ▶ <b>49503</b>		
<b>b</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)?	<b>91b</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
At any time during the calendar year, did the organization maintain an office outside of the United States?	<b>91c</b>		<b>X</b>
<b>c</b> If "Yes," enter the name of the foreign country ▶			
<b>92</b> 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 ▶ <b>92</b>			<input type="checkbox"/>

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>PROGRAM FEES</b>					16,192
b <b>FAMILY PLANNING CLINIC</b>					1,320,663
c <b>COMMUNITY SERVICE FEES</b>					35,604
d _____					
e _____					
f Medicare/Medicaid payments					337,966
g Fees and contracts from government agencies					1,691,904
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	70,315	
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			1	253,582	
101 Net income or (loss) from special events			1	62,310	2,847
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b <b>AFFILIATE MGNT ASSISTANCE</b>			1	100,000	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	486,207	3,405,176
105 Total (add line 104, columns (B), (D), and (E))					3,891,383

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)
1	See Statement 13

**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

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: Diane E. Brady Date: 5/15/07

Type or print name and title: DIANE E. BRADY VP of FINANCE

Paid Preparer's Use Only

Preparer's signature: Charles D. Olyanli CPA Date: 5/10/07 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MEYAARD TOLMAN & VENLET P.C. EIN: 38-2598193

P.O. BOX 320 Phone no: 616-772-1901

ZEELAND, MI 49464



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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

**PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN, INC.**

Employer identification number

**38-1782520**

**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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
JANET ISABELL GR RAPIDS MI 49503	ADV PRAC NURSE 35	62,181	6,133	0
SHERRY WOOD-STIEG GR RAPIDS MI 49503	ADV PRAC NURSE 35	59,976	6,287	0
MARY GELDHOF GR RAPIDS MI 49503	ADV PRAC NURSE 35	57,967	6,181	0
VALERIE LUCAS GR RAPIDS MI 49503	ADV PRAC NURSE 35	57,630	6,167	0
AMY BROWN GR RAPIDS MI 49503	ADV PRAC NURSE 35	56,369	6,103	0
Total number of other employees paid over \$50,000 ▶		3		

**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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

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

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

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

Schedule A (Form 990 or 990-EZ) 2005

**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>53,611</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	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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>See Part V, Form 990 See Statement 14</b>	X	
e	Transfer of any part of its income or assets?		X
3a	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 )		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 ▶**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 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 )	604,073	892,514	690,179	874,454	3,061,220
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	3,309,842	3,041,302	3,197,406	3,251,682	12,800,232
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	52,241	30,363	23,356	36,403	142,363
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
23 Total of lines 15 through 22	3,966,156	3,964,179	3,910,941	4,162,539	16,003,815
24 Line 23 minus line 17	656,314	922,877	713,535	910,857	3,203,583
25 Enter 1% of line 23	39,662	39,642	39,109	41,625	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	0
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	
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	%

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) 0 (2003) 0 (2002) 0 (2001) 0		
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) 0 (2003) 0 (2002) 0 (2001) 0		
c Add Amounts from column (e) for lines 15 <u>3,061,220</u> 16 _____ 17 <u>12,800,232</u> 20 _____ 21 _____	27c	15,861,452
d Add Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	15,861,452
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶   27f   <u>16,003,815</u>	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.1104%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	0.8896%

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)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31		
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities (See page 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  **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>See Stmt 15</b>	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36 52,845	52,845
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37 766	766
38 Total lobbying expenditures (add lines 36 and 37)	38 53,611	53,611
39 Other exempt purpose expenditures	39 4,105,409	3,970,545
40 Total exempt purpose expenditures (add lines 38 and 39)	40 4,159,020	4,024,156
41 Lobbying nontaxable amount Enter the amount from the following table-		
<b>If the amount on line 40 is-</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is-</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42 89,488	87,802
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	357,951	347,274	342,273	344,245	1,391,743
46 Lobbying ceiling amount (150% of line 45(e))					2,087,615
47 Total lobbying expenditures	53,611	60,655	57,066	61,044	232,376
48 Grassroots nontaxable amount	89,488	86,819	85,568	86,061	347,936
49 Grassroots ceiling amount (150% of line 48(e))					521,904
50 Grassroots lobbying expenditures	52,845	59,889	56,300	59,644	228,678

**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.) **N/A**

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

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

Yes	No	Amount

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



**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN, INC.** Identifying number **38-1782520**

Business or activity to which this form relates

**ALL ACTIVITIES**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instr	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	28,587

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr.	22	28,587
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Federal Statements**

**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
VARIOUS STOCKS, BONDS, OTHER SECURITIES	Purchase	SOLD THROUGH BROKER	Various	Various	\$1,981,340	\$1,727,758	\$	253,582
<b>Total</b>					<u>\$1,981,340</u>	<u>\$1,727,758</u>	<u>\$</u>	<u>253,582</u>

**Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates**

Bus Name	Addr	Purpose	Amount
PLANNED PARENTHOOD			
FED OF AMERICA, NY		ANNUAL DUES	\$ 40,780
PLANNED PARENTHOOD			
AFFIL OF MICHIGAN		ANNUAL DUES	39,902
<b>Total</b>			<u>\$ 80,682</u>



**Federal Statements****Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ -200,768
VALUATION ADJUSTMENT - CHARITABLE TRUST	-12,899
Total	<u>\$ -213,667</u>

38-1782520

**Federal Statements**

FYE: 9/30/2006

**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
PHARMACEUTICAL SUPPLIES	409,485	409,485		
LAB FEES	76,230	76,230		
CONTRACT LABOR	78,298	78,298		
INSURANCE	34,831	26,920	7,911	
UTILITIES	6,055	4,338	1,717	
PROFESSIONAL SERVICES	65,856	14,804	31,626	19,426
NONPHARMACEUTICAL SUPPLIES	57,578	57,551	27	
TRAINING AND DEVELOPMENT	22,607	14,059	7,784	764
MARKETING	5,697	5,697		
ADVERTISING AND RECRUITING	4,480	1,879	316	2,285
COMPUTER EXPENSE	45,422	30,071	12,537	2,814
EQUIPMENT LEASING	14,687	6,541	8,146	
MISCELLANEOUS	9,258	3,922	3,633	1,703
DUES	1,639	75	1,564	
ALLOCABLE ADMIN EXPENSES		359,315	-359,315	
MICROFILMING	90,581	90,581		
Total	<u>\$ 922,704</u>	<u>\$ 1,179,766</u>	<u>\$ -284,054</u>	<u>\$ 26,992</u>

**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES,  
EDUCATION AND TRAINING SERVICES WHICH PROMOTE HEALTHY  
HUMAN SEXUALITY.

**Federal Statements****Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government GOVERNMENT BONDS	427,615	419,531	Market
Corporate Stock PUBLICLY TRADED CORPORATE STOCK	928,290	1,224,048	Market
Corporate Bonds PUBLICLY TRADED CORPORATE BONDS	92,548	63,762	Market
	<u>1,448,453</u>	<u>1,707,341</u>	

**Statement 7 - Form 990, Part IV, Line 56 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CERTIFICATES OF DEPOSIT	\$ 245,910	\$ 68,180	Market
MORTGAGE BACKED SECURITIES		133,137	Market
Total	<u>\$ 245,910</u>	<u>\$ 201,317</u>	

**Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
FURNITURE & FIXTURES	\$ 442,830	\$ 382,644	\$ 468,937	\$ 399,942
BLDG IMPROVEMENTS	217,340	194,657	217,340	205,044
Total	<u>\$ 660,170</u>	<u>\$ 577,301</u>	<u>\$ 686,277</u>	<u>\$ 604,986</u>

**Statement 9 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
RECEIVABLE - CHARITABLE TRUST	\$ 84,736	\$ 55,602
OTHER CURRENT ASSETS	7,347	7,083
Total	<u>\$ 92,083</u>	<u>\$ 62,685</u>

**Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ADVANCE FROM MDCH	\$ 14,702	\$ 14,702
PAYABLE TO WEST MI FACILITIES CORP	251,075	288,953
Total	<u>\$ 265,777</u>	<u>\$ 303,655</u>

**Federal Statements****Statement 11 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
SPECIAL EVENTS EXPENSE	\$ 3,829
DONATED SERVICES	12,571
Total	\$ <u>16,400</u>

**Statement 12 - Form 990, Part IV-B - Other Expenses Included on Financial Statements**

Description	Amount
SPECIAL EVENTS EXPENSES	\$ 3,829
DONATED SERVICES	12,571
Total	\$ <u>16,400</u>

**Federal Statements****Statement 13 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93a	CONFERENCE FEES AND SALES OF EDUCATIONAL MATERIALS RELATED TO PLANNED PARENTHOOD'S MISSION.
93b	FEES IN ACCORDANCE WITH ABILITY TO PAY ARE RECEIVED FOR CLINIC SERVICES, INCLUDING FAMILY PLANNING, PREGNANCY TESTING, HIV TESTING AND REPRODUCTIVE HEALTH SERVICES.
93c	OCCASIONAL SPEAKERS' FEES, CONFERENCE FEES - PRESENTATIONS TO THE COMMUNITY ABOUT PLANNED PARENTHOOD'S MAJOR SERVICES - FAMILY PLANNING, REPRODUCTIVE HEALTH SERVICES.
93f	MEDICAID PAYMENTS RECEIVED FROM THE STATE FOR SERVICES (FAMILY PLANNING, ETC.) TO CERTAIN ELIGIBLE CLIENTS.
93g	PLANNED PARENTHOOD IS PAID BY THE STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (AND OTHER PASS - THROUGH AGENCIES) UNDER CAPITATED RATE CONTRACTS, FOR PROVIDING FAMILY PLANNING, PREGNANCY TESTING, AIDS TESTING, AND REPRODUCTIVE HEALTH SERVICES. THESE SERVICES ARE PROVIDED TO THE GENERAL PUBLIC, WITH PARTICULAR FOCUS ON THOSE SEGMENTS OF THE POPULATION THAT ARE OTHERWISE UNDERSERVED.

**Federal Statements**

**Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

Description

SEE PART V FORM 990 - LIST OF OFFICERS, DIRECTORS, ETC

**Federal Statements**

**Statement 15 - Schedule A, Part VI-A - Affiliated Group Information**

Name	Address	EIN	'X'if Electing	Grassroots Lobbying	Direct Lobbying	Other Expenditures
WEST MICHIGAN FACILITIES CORP GRAND RAPIDS, MI		38-2707219		\$	\$	\$ 134,864
PLANNED PARENTHOOD CENTERS OF W MI GRAND RAPIDS, MI		38-1782520	X	52,845	766	3,970,545
Total				\$ 52,845	\$ 766	\$ 4,105,409



# PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN

425 Cherry St , S.E , Grand Rapids, MI 49503

Tele 774-7005 Fax 774-0516

## 2005/06 BOARD OF DIRECTORS

Claudia Bajema  
Grand Rapids Mi 49503

Mary Barnum  
Grand Rapids Mi 49503

Craig V. Brown  
Grand Rapids Mi 49503

Charles E Burpee  
Grand Rapids Mi 49503

Megan Clark, M D.  
Grand Rapids Mi 49503

Bob Eleveld  
Grand Rapids Mi 49503

Jean Enright  
Grand Rapids Mi 49503

Patricia Groessl  
Grand Rapids Mi 49503

Phillis Hooyman  
Grand Rapids Mi 49503

Kathy Humphrey  
Grand Rapids Mi 49503

Peggy Jenson  
Grand Rapids Mi 49503

Gayla Jewell RNC, MS, NP  
Grand Rapids Mi 49503

Glen W. Johnson  
Grand Rapids Mi 49503

Clara Lang  
Grand Rapids Mi 49503

Lisa Lowery, M.D.  
Grand Rapids Mi 49503

Nancy Lubbers  
Grand Rapids Mi 49503

Veronica Marsich  
Grand Rapids Mi 49503

Charles W Newton, III  
Grand Rapids Mi 49503

Lisa Oliver-King  
Grand Rapids Mi 49503

H. Rhett Pinsky  
Grand Rapids Mi 49503

Marge Potter  
Grand Rapids Mi 49503

Luisa-Inez Schumacher  
Grand Rapids Mi 49503

Megan Urbanski  
Grand Rapids Mi 49503

Douglas Van Doren  
Grand Rapids Mi 49503

Gloria White Gardner  
Grand Rapids Mi 49503

Michael Williams  
Grand Rapids Mi 49503

Tony Zimmermann  
Grand Rapids Mi 49503

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

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
- 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](http://www.irs.gov/efile)

Type or print	Name of Exempt Organization <b>PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN, INC.</b>	Employer identification number <b>38-1782520</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>425 CHERRY SE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>GRAND RAPIDS MI 49503</b>	

**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 ▶ **DIANE BRADY**

Telephone No ▶ **616-774-7005** FAX No ▶ **616-774-0516**

- 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 **5/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **10/01/05**, and ending **9/30/06**

**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.