

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

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

C Name of organization: PLANNED PARENTHOOD HUDSON PECONIC INC. Number and street (or P O box if mail is not delivered to street address): 4 Skyline Drive. City or town, state or country, and ZIP + 4: Hawthorne, NY 10532

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

G Web site: www.plannedparenthood.org/hudsonpeconic

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

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 18,015,333

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


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

Table with 3 main sections: Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

**Part II Statement of Functional Expenses**

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

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

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	<b>25a</b>	564,003	258,297	305,706
<b>b</b> Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	7,816,245	6,458,106	903,210
<b>27</b> Pension plan contributions not included on lines 25a, b and c	<b>27</b>	312,689	250,439	45,537
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	864,361	692,283	125,879
<b>29</b> Payroll taxes	<b>29</b>	710,942	569,062	103,947
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>	50,500		50,500
<b>32</b> Legal fees	<b>32</b>	15,232		15,232
<b>33</b> Supplies	<b>33</b>	495,394	469,168	19,034
<b>34</b> Telephone	<b>34</b>	182,466	140,977	31,333
<b>35</b> Postage and shipping	<b>35</b>	46,773	23,846	6,313
<b>36</b> Occupancy	<b>36</b>	1,326,088	1,165,744	113,901
<b>37</b> Equipment rental and maintenance	<b>37</b>	188,066	133,789	46,885
<b>38</b> Printing and publications	<b>38</b>	69,307	53,072	1,936
<b>39</b> Travel	<b>39</b>	120,345	87,842	23,203
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	84,742	57,736	24,473
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule) 	<b>42</b>	480,858	420,857	42,825
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> See Additional Data Table	<b>43a</b>			
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	17,043,667	14,263,798	2,058,781

**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? <b>▶</b> <u>planned parenthood hudson peconic, inc provides family planning and prenatal services, abortion services, health education, primary medical care, cancer detection and sexually transmitted infection testing and treatment</u> <small>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.)</small>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> clinical services provides medical, educational, and consultation services. patient visits were 65,835 in 2007.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	12,344,513
<b>b</b> community education provides education, outreach and public information on reproductive health care and family planning.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	1,424,634
<b>c</b> public affairs & public advocacy provides volunteer coordinated efforts to promote services and advocate for reproductive healthcare.  (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	494,651
<b>d</b> _____ _____ _____ _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . <b>▶</b>	14,263,798

**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)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	2,472,277	<b>45</b>	1,659,450
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	1,967,068		
	<b>b</b> Less allowance for doubtful accounts	729,707	1,133,858	<b>47c</b> 1,237,361
	<b>48a</b> Pledges receivable . . . . .	124,784		
	<b>b</b> Less allowance for doubtful accounts		67,116	<b>48c</b> 124,784
	<b>49</b> Grants receivable . . . . .	734,710	<b>49</b>	518,852
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less allowance for doubtful accounts		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .	309,779	<b>52</b>	350,634
	<b>53</b> Prepaid expenses and deferred charges . . . . .	196,063	<b>53</b>	133,513
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	10,209,830	<b>54a</b>	12,389,270
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .		<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	12,576,404			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	5,976,993	6,835,533	<b>57c</b> 6,599,411	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )	170,700	<b>58</b>	211,244	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	22,129,866	<b>59</b>	23,224,519	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	1,138,072	<b>60</b>	1,142,970
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	1,138,072	<b>66</b>	1,142,970	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	20,105,441	<b>67</b>	21,211,070
	<b>68</b> Temporarily restricted . . . . .	748,110	<b>68</b>	732,236
	<b>69</b> Permanently restricted . . . . .	138,243	<b>69</b>	138,243
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	20,991,794	<b>73</b>	22,081,549	
<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	22,129,866	<b>74</b>	23,224,519	



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

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

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

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

**Part VI Other Information** *(See the instructions.)*

<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . . . .	<b>76</b>		No
<b>77</b> 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	<b>77</b>		No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . .	<b>78a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>		
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>		No
<b>80a</b> 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? . . . . .	<b>80a</b>	Yes	
<b>b</b> If "Yes," enter the name of the organization <u>pphp action fund</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions) . . . . <u>81a</u>			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>		No

**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?	Yes	
<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>	73,948
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		No
<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>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</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, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	<b>85b</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>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>86</b>	<b>501(c)(7) orgs.</b> 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>	<b>501(c)(12) orgs.</b> 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>88a</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>88a</b>	No
<b>b</b>	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	<b>88b</b>	No
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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>	No
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization		
<b>e</b>	<b>All organizations.</b> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>	No
<b>f</b>	<b>All organizations.</b> Did the organization acquire direct or indirect interest in any applicable insurance contract?	<b>89f</b>	No
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	No
<b>90a</b>	List the states with which a copy of this return is filed <u>NY</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>	192
<b>91a</b>	The books are in care of <u>ANDREW BRACCO CFO</u> Telephone no <u>(914) 467-7300</u> <u>4 SKYLINE DRIVE</u> Located at <u>hawthorne, NY</u> ZIP + 4 <u>10532</u>		
<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)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts	<b>91b</b>	No

**Part VI Other Information** (continued)

Yes No

**c** At any time during the calendar year, did the organization maintain an office outside of the United States?

**91c**  Yes  No

If "Yes," enter the name of the foreign country \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92** \_\_\_\_\_

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

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> SELF PAY					3,301,226
<b>b</b> OTHER					883,337
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					5,350,038
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	50,804	
<b>96</b> Dividends and interest from securities			14	385,532	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> non debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			03	290,605	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> demutualization proceeds			03	199,934	
<b>b</b> training fees			03	16,497	
<b>c</b> misc			03	38,489	
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				981,861	9,534,601
<b>105</b> Total (add line 104, columns (B), (D), and (E))					10,516,462

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

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

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

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

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

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

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

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

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



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

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

<b>Yes</b>	<b>No</b>

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

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

<b>Yes</b>	<b>No</b>

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

**108** Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

**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: \*\*\*\*\*      Date: 2008-12-02

Type or print name and title: reina schiffrrn president/ceo

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLADREY INC  
1185 AVENUE OF THE AMERICAS  
NEW YORK, NY 100362602

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

**Organization Exempt Under Section 501(c)(3)**

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

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

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

OMB No 1545-0047

**2007**

Department of the  
Treasury  
Internal Revenue  
Service

Name of the organization  
PLANNED PARENTHOOD HUDSON PECONIC INC

Employer identification number

11-2454790

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

(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
CLIFF S BLUMSTEIN 4 SKYLINE DRIVE HAWTHORNE, NY 10532	PHYSICIAN 35 00	163,250	3,745	0
domenico ambrosio 4 SKYLINE DRIVE HAWTHORNE, NY 10532	physician 35 00	123,725	15	0
JANE HAGERTY 4 SKYLINE DRIVE HAWTHORNE, NY 10532	VP FINANCE 35 00	100,000	17,209	0
IAN VAN PRAAGH 4 SKYLINE DRIVE HAWTHORNE, NY 10532	MEDICAL DIRECTOR 35 00	166,046	11,994	0
judith factor 4 SKYLINE DRIVE HAWTHORNE, NY 10532	vp external affairs 35 00	136,250	16,581	0
Total number of other employees paid over \$50,000 ▶	0			

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

(See page 2 of the instructions. List each one (whether individual 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
wilton anesthesia associates 252 mountain rd WILTON, CT 06897	anesthesiology	100,790
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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Sheil Medical Lab brooklyn navy yard unit 336 63 flushing avenue brooklyn, NY 11205	Lab services	700,715
Total number of other contractors receiving over \$50,000 for other services ▶		

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

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>102,872</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>	Yes	
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <b>a</b> Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 	<b>2d</b>	Yes	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	<b>3a</b>		No
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	Yes	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>		No
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u>			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u>			

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

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

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

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

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	6,955,071	6,475,009	6,055,282	5,807,982	25,293,344
<b>16</b> Membership fees received					0
<b>17</b> 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	9,594,137	9,934,064	8,804,559	8,036,865	36,369,625
<b>18</b> 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	460,224	685,991	129,550	99,401	1,375,166
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	107,734	32,973	43,189	38,722	222,618
<b>23</b> Total of lines 15 through 22	17,117,166	17,128,037	15,032,580	13,982,970	63,260,753
<b>24</b> Line 23 minus line 17	7,523,029	7,193,973	6,228,021	5,946,105	26,891,128
<b>25</b> Enter 1% of line 23	171,172	171,280	150,326	139,830	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 537,823
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 26,891,128
<b>d</b> Add Amounts from column (e) for lines 18 1,375,166 19 0					<b>26d</b> 1,597,784
22 26 b 0					
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 25,293,344
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 9405 83 %
<b>27 Organizations described on line 12:</b> <b>a</b> 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines 15 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> _____
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27d</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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 )	<b>31</b>	
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>		
<hr/>		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**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

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

	Yes	No	Amount
<b>a</b> Volunteers	Yes		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)	Yes		
<b>c</b> Media advertisements		No	0
<b>d</b> Mailings to members, legislators, or the public	Yes		246
<b>e</b> Publications, or published or broadcast statements	Yes		2,275
<b>f</b> Grants to other organizations for lobbying purposes	Yes		37,473
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body	Yes		57,990
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	Yes		4,888
<b>i</b> Total lobbying expenditures (Add lines c through h.)			102,872

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





## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 11-2454790

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

### Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> CONSULTANT AND CONTRACTUAL SERVICES	<b>43a</b>	712,853	534,168	153,765	24,920
<b>b</b> PPFA DUES	<b>43b</b>	156,290	156,290		
<b>c</b> DUES & SUBSCRIPTIONS	<b>43c</b>	182,032	162,313	19,394	325
<b>d</b> STAFF RECRUITMENT	<b>43d</b>	102,801	88,744	14,057	
<b>e</b> BAD DEBT EXPENSE	<b>43e</b>	200,000	200,000		
<b>f</b> BANK CHARGE & CREDIT CARD FEES	<b>43f</b>	25,671	19,628	6,043	
<b>g</b> PUBLIC INFO & OUTREACH	<b>43g</b>	379,039	372,197		6,842
<b>h</b> INSURANCE	<b>43h</b>	195,193	195,193		
<b>i</b> OTHER	<b>43i</b>	9,698	2,898	4,678	2,122
<b>j</b> MEDICATIONS	<b>43j</b>	1,001,632	1,001,632		
<b>k</b> EDUCATION	<b>43k</b>	23,490	22,560	930	
<b>l</b> LABORATORY SERVICES	<b>43l</b>	726,957	726,957		

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
andrew bracco 4 Skyline Drive Hawthorne, NY 10532	vp finance and IT 35 00	150,419	14,564	0
leslie pargament 4 Skyline Drive Hawthorne, NY 10532	vp compliance and hr 35 00	133,750	22,500	0
reina schiffirin 4 Skyline Drive Hawthorne, NY 10532	president and ceo 35 00	279,834	14,887	0
saima anjam 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
rev mark bigelow 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
deborah de witt 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
kristen p baker 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
lisa a copeland 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
jeffrey r hewitt 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
mari hayes 4 Skyline Drive Hawthorne, NY 10532	vice chair 1 00	0	0	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
adam a rothman 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
carlos r de los santos phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
nadine thompkins dennis 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
janis l enzenbacher md 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
kate friedman 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
dr ray goldsteen 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
john p ryan 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
ruth lapidus 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
jane h matluck 4 Skyline Drive Hawthorne, NY 10532	vice chair 1 00	0	0	0
rev melanie miller 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
daphne philipson 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
mark sakitt 4 Skyline Drive Hawthorne, NY 10532	treasurer 1 00	0	0	0
jill c scheuer 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
carol stix 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
wendy van de walle 4 Skyline Drive Hawthorne, NY 10532	chair 1 00	0	0	0
jane e yahil phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
marsha z laufer phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
eric a stubbs phd 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
j henry neale jr 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
mary e rubin 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
thomas e wallace 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
maria isabel soto md 4 Skyline Drive Hawthorne, NY 10532	secretary 1 00	0	0	0
wayne stix 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0
judith d widmann 4 Skyline Drive Hawthorne, NY 10532	board member 1 00	0	0	0

**TY 2007 Depreciation and Depletion Schedule****Name:** PLANNED PARENTHOOD HUDSON PECONIC INC**EIN:** 11-2454790

<b>Asset</b>	<b>Amount</b>
BUILD IMPROVEMENT	251,206
FURNITURE & EQUIP	146,587
LEASEHOLD IMPROVE	72,436
VEHICLES	10,629

**TY 2007 Land etc. Schedule**

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

<b>Category/Item</b>	<b>Cost/Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>
LAND	445,000		445,000
BUILD IMPROVEMENT	8,081,379	2,892,333	5,189,046
FURNITURE & EQUIP	2,900,213	2,314,364	585,849
LEASEHOLD IMPROVE	1,045,735	732,878	312,857
VEHICLES	104,077	37,418	66,659

**TY 2007 Other Assets Schedule**

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

Description	Beginning of Year Amount	End of Year Amount
SECURITY DEPOSITS	65,995	81,160
DUE FROM PPFA	103,092	100,971
OTHER	1,613	29,113



## TY 2007 Other Changes in Net Assets Schedule

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	305,990

**TY 2007 Other Expenses Included Schedule**

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

Description	Amount
SPECIAL EVENT EXPENSES NETTED against special event revenue	187,901
expenses of affiliate not included on return	19,709

**TY 2007 Other Revenues Included Schedule****Name:** PLANNED PARENTHOOD HUDSON PECONIC INC**EIN:** 11-2454790

<b>Description</b>	<b>Amount</b>
SPECIAL EVENT EXPENSES NETTED against special event revenue	187,901
revenue of affiliate not included on return	11,908

## TY 2007 Special Events Schedule

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
EAST END AUCTION	646,968	364,818	282,150	104,887	177,263
STONYBROOK WINE TASTING EVENT	82,050	66,225	15,825	12,397	3,428
ANNUAL EMPOWER LUNCHEON	150,402	126,862	23,540	44,520	-20,980
OTHER SPECIAL EVENTS	156,991	0	156,991	26,097	130,894

**TY 2007 Non Electing Public Charities Statement**

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

**Statement:** PPHP PARTICIPATES IN LOBBYING ACTIVITIES TO ENSURE THAT ITS COMMUNITY-BASED HEALTH CARE and education SERVICES ARE ADEQUATELY FUNDED, AND THAT ALL MEN and women have ACCESS TO THE SERVICES PROVIDED AT ITS MEDICAL CENTERS.

**TY 2007 Other Income Schedule**

**Name:** PLANNED PARENTHOOD HUDSON PECONIC INC

**EIN:** 11-2454790

Description	2006	2005	2004	2003	Total
misc income	107,734	32,973	43,189	38,722	222,618