



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

- 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  
**MEMPHIS REGIONAL PLANNED PARENTHOOD, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1407 UNION AVENUE, THIRD FLOOR**

City or town, state or country, and ZIP + 4  
**MEMPHIS TN 38104**

**D** Employer identification no.  
**62-6073178**

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

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

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See 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: ▶ N/A

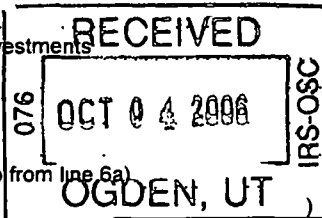
**J** Organization type (check only one) ▶  501(c) ( 3 ) < (insert no)  4947(a)(1) or  527

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,405,103**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	1a	294,315		
	<b>b</b> Indirect public support	1b			
	<b>c</b> Government contributions (grants)	1c	813,770		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>1,108,085</u> noncash \$ _____)	1d		1,108,085	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,279,939	
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4		17,079	
	<b>5</b> Dividends and interest from securities	5			
	<b>6a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe)	7				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
<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)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
<b>10a</b> Gross sales of inventory, less returns and allowances		10a			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,405,103		
Expenses	<b>13</b> Program services (from line 44, column (B))	13		1,593,146	
	<b>14</b> Management and general (from line 44, column (C))	14		148,034	
	<b>15</b> Fundraising (from line 44, column (D))	15		66,661	
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17		1,807,841	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		597,262	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,002,925	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	20		46,628	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,646,815	



SCANNED OCT 18 2006

10-415

**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"/>				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	109,016	88,303	15,262	5,451
26	Other salaries and wages	580,289	468,631	80,097	31,561
27	Pension plan contributions				
28	Other employee benefits	109,160	85,824	12,970	10,366
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	12,441	9,953	1,244	1,244
32	Legal fees	900		900	
33	Supplies	215,385	215,385		
34	Telephone	15,938	13,470	1,234	1,234
35	Postage and shipping	5,646	4,318	510	818
36	Occupancy	202,594	173,815	19,186	9,593
37	Equipment rental and maintenance	13,157	12,247	471	439
38	Printing and publications	13,692	12,935	10	747
39	Travel	25,343	21,378	3,079	886
40	Conferences, conventions, and meetings				
41	Interest	2,284		2,284	
42	Depreciation, depletion, etc. (attach schedule)	22,928	19,159	3,769	
43	Other expenses not covered above (itemize)				
a	<b>SEE STATEMENT 2</b>	479,068	467,728	7,018	4,322
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>1,807,841</b>	<b>1,593,146</b>	<b>148,034</b>	<b>66,661</b>

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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

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

What is the organization's primary exempt purpose?

**► EDUCATION AND FAMILY PLANNING MEDICAL SERVICES**

**Program Service Expenses**

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

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.)

**a PATIENT SERVICES -**

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

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

**1,379,837**

**b EDUCATION -**

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

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

**203,690**

**c ADVOCACY -**

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

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

**9,619**

**d**

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

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

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

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

**► 1,593,146**

**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	82,669	45	74,485
	46 Savings and temporary cash investments	695,653	46	1,219,673
	47a Accounts receivable	47a 47,369		
	b Less: allowance for doubtful accounts	47b 32,153	6,667	47c 15,216
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	76,500	48c
	49 Grants receivable		7,418	49 8,799
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		25,428	52 60,945
	53 Prepaid expenses and deferred charges		29,772	53 35,323
	54 Investments-securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments-land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments-other (attach schedule)	SEE STMT 3	1,165,463	56 1,210,706	
57a Land, buildings, and equipment: basis	57a 498,635			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	57b 413,785	47,924	57c 84,850	
58 Other assets (describe ► SEE STATEMENT 5 )		30,062	58 31,488	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		2,167,556	59 2,741,485	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	32,006	60 49,079	
	61 Grants payable		61	
	62 Deferred revenue	6,719	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET	93,326	64b	
	65 Other liabilities (describe ► SEE STATEMENT 6 )	32,580	65 45,591	
66 <b>Total liabilities.</b> Add lines 60 through 65	164,631	66 94,670		
<b>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.			
	67 Unrestricted	759,737	67 1,433,546	
	68 Temporarily restricted	77,725	68 2,605	
	69 Permanently restricted	1,165,463	69 1,210,664	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <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)	2,002,925	73 2,646,815		
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,167,556	74 2,741,485		





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?		X
<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>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<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>		N/A	
<b>85</b>	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
<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>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>		N/A	
<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>		N/A	
<b>86</b>	501(c)(7) orgs. Enter: a 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: a 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		X
<b>88</b>			
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0		
<b>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		X
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶ 0		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
<b>90a</b>	List the states with which a copy of this return is filed ▶ TN		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )		
<b>90b</b>			20
<b>91a</b>	The books are in care of ▶ KIM MCDONALD 1407 UNION AVENUE Located at ▶ MEMPHIS, TN		
	Telephone no ▶ 901-725-1717		
	ZIP + 4 ▶ 38104		
<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)?		X
<b>91b</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?		X
<b>91c</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 ▶ 92		



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

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (1,279,939), Medicare/Medicaid payments, Interest on savings (17,079), and Subtotal (1,297,018).

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.)

Table with 2 columns: 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. Entry 93A: THE INCOME FROM PATIENT FEES CAN BE DIRECTLY TRACED TO PROVIDING VOLUNTARY FERTILITY CONTROL, INCLUDING CONTRACEPTION, ABORTION, AND STERILIZATION AVAILABLE TO ALL

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

Table with 5 columns: (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. Entry: 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: Barry Chase, Date: 9/19/06, Type or print name and title: BARRY CHASE, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: J. Davis, CPA, Date: 9/18/06, Check if self-employed: [ ], Preparer's SSN or PTIN: P00012285, Firm's name: WHITEHORN TANKERSLEY & CO., PLLC, 670 OAKLEAF OFFICE LANE, MEMPHIS, TN 38117-4811, EIN: 62-1039882, Phone: 901-767-5080

**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 **MEMPHIS REGIONAL PLANNED PARENTHOOD, INC.** Employer identification number **62-6073178**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
BARRY CHASE 5693 ASHLEY SQUARE NORTH MEMPHIS TN 38120	PRESIDENT 40	109,016	3,135	0
LEAH P. SMITH 11782 MCAULEY STREET ARLINGTON TN 38002	NURSE PRACTITIONER 40	76,423	8,903	0
KIM MCDONALD 414 HOLMES CIRCLE MEMPHIS TN 38111	ACCOUNTING MANAGER 40	57,862	7,724	0
Total number of other employees paid over \$50,000 ▶		0		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
RUSSELL T. HORTON 988 HANDFORTH COVE COLLIERVILLE TN 38017	PHYSICIAN SVCS	146,760
Total number of others receiving over \$50,000 for professional services ▶		0

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

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

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

Schedule A (Form 990 or 990-EZ) 2005

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

	Yes	No
<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		<b>X</b>
<p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> 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.)		<b>X</b>
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		<b>X</b>
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>

**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 )	1,254,353	953,221	816,210	978,874	4,002,658
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,085,445	808,597	792,036	594,944	3,281,022
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	5,743	63	22,472	30,696	58,974
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets <b>STMT 9</b>	1,497		14,509	-91,863	-75,857
23 Total of lines 15 through 22	2,347,038	1,761,881	1,645,227	1,512,651	7,266,797
24 Line 23 minus line 17	1,261,593	953,284	853,191	917,707	3,985,775
25 Enter 1% of line 23	23,470	17,619	16,452	15,127	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 79,716
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 108,799
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 3,985,775
d Add: Amounts from column (e) for lines: 18 <u>58,974</u> 19 _____					26d 91,916
22 <u>-75,857</u> 26b <u>108,799</u>					26e 3,893,859
e Public support (line 26c minus line 26d total)					26f 97.6939%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year:					N/A
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					N/A
(2004) (2003) (2002) (2001)					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

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
<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>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>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>32</b> Does the organization maintain the following:			
<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 a 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?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>32d</b>		
<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?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	<b>33h</b>		
<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) **N/A**

Check  **a** if the organization belongs to an affiliated group      Check  **b** if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

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

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

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 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
<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.) **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



For calendar year 2005, or tax year beginning **7/01/05**, and ending **6/30/06**

Name  
**MEMPHIS REGIONAL PLANNED  
PARENTHOOD, INC.**

Employer Identification Number  
**62-6073178**

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>COMMUNITY FOUNDATION OF GREATER MEMP</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>325,000</b>	<b>8/01/03</b>	<b>6/30/04</b>	<b>INTEREST ONLY THRU 6/30/04</b>	<b>4.750</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>MRPP ENDOWMENT FUND</b>	<b>LINE OF CREDIT</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>93,326</b>	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>93,326</b>	



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

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 45,202
OTH AMTS INCLUDED ON FINANCIAL STMTS NOT ON RETURN	1,426
TOTAL	<u>\$ 46,628</u>

## Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	37,988	37,988		
BAD DEBTS	23,151	23,151		
BANK CHARGES	7,630	6,926	420	284
DUES AND SUBSCRIPTIONS	27,103	22,642	3,158	1,303
INSURANCE GENERAL	2,529	2,150	253	126
MISCELLANEOUS	3,115	2,388	515	212
OFFICE SUPPLIES	53,286	50,028	1,718	1,540
OUTSIDE LAB AND MEDICAL SVCS	77,138	77,138		
PATIENT LIABILITY INSURANCE	48,051	48,051		
PERSONNEL RECRUITMENT	8,287	7,499	295	493
ADVOCACY/COMMUNITY AFFAIRS	9,619	9,619		
OTHER PROFESSIONAL SERVICES	181,171	180,148	659	364
TOTAL	<u>\$ 479,068</u>	<u>\$ 467,728</u>	<u>\$ 7,018</u>	<u>\$ 4,322</u>

## Federal Statements

**Statement 3 - Form 990, Part IV, Line 56 - Other Investments**

Description	Beginning of Year	End of Year	Basis of Valuation
ENDOWMENT INVESTMENT SECURITIES	\$ 1,165,463	\$ 1,210,706	
TOTAL	<u>\$ 1,165,463</u>	<u>\$ 1,210,706</u>	

**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
CLINICAL FURNISHINGS	\$ 10,341	\$ 10,341	\$ 10,341	\$ 10,341
MEDICAL INSTRUMENTS	97,017	74,549	110,407	71,744
LABORATORY EQUIPMENT	21,507	17,579	22,405	18,792
LEASEHOLD IMPROVEMENT	114,206	113,322	114,206	114,019
COMPUTER EQUIPMENT	125,882	108,457	140,410	116,978
FURNITURE & FIXTURES	82,401	79,182	100,866	81,911
TOTAL	<u>\$ 451,354</u>	<u>\$ 403,430</u>	<u>\$ 498,635</u>	<u>\$ 413,785</u>

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
CSV LIFE INSURANCE POLICY	\$ 30,062	\$ 31,488
TOTAL	<u>\$ 30,062</u>	<u>\$ 31,488</u>

**Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED AND WITHHELD LIABILITIES	\$ 32,580	\$ 45,591
TOTAL	<u>\$ 32,580</u>	<u>\$ 45,591</u>

**Statement 7 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

<u>Description</u>	<u>Amount</u>
INCREASE IN CSV LIFE INSURANCE	\$ <u>1,426</u>
TOTAL	\$ <u><u>1,426</u></u>

## Federal Statements

## Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
BARRY CHASE	MEMPHIS TN 38120	5693 ASHLEY SQUARE NORTH	PRESIDENT	40	109,016	3,135	0
CRAIG BALLARD	MEMPHIS TN 38103	99 SOUTH MAIN ST. #128	DIRECTOR	0	0	0	0
THEIRSA BURKE	MEMPHIS TN 38141	6561 CHERRY BARK DRIVE	DIRECTOR	0	0	0	0
KATE CONNELL	MEMPHIS TN 38117	560 COLONIAL RD. #200	DIRECTOR	0	0	0	0
ASHLEY COFFIELD	MEMPHIS TN 38112	332 NORTH WILLETT	DIRECTOR	0	0	0	0
AUDREY DAVIS	MEMPHIS TN 38112	327 NORTH AVALON	DIRECTOR	0	0	0	0
D'ANDREA FRANKLIN	MEMPHIS TN 38112	4020 WOOD HEARTH COVE	DIRECTOR	0	0	0	0
DOUG HALIJAN	BARTLETT TN 38135	72 ISLAND CREST	TREASURER	0	0	0	0
JAKATAE	MEMPHIS TN 38103	8 NORTH ALICIA DR.	DIRECTOR	0	0	0	0
KINDLE NANCE	MEMPHIS TN 38112	519 S. EDGEWOOD #104	DIRECTOR	0	0	0	0
RACHEL KRANTZ	MEMPHIS TN 38104	1435 LEFLEUR PLACE	DIRECTOR	0	0	0	0
SHERI LIPMAN	MEMPHIS TN 38120	1737 FAXON AVENUE	DIRECTOR	0	0	0	0
LIZZIE LOVETT	MEMPHIS TN 38112	112 WAGNER PLACE	DIRECTOR	0	0	0	0
PERRE MAGNESS	MEMPHIS TN 38103	165 CHEROKEE DRIVE	DIRECTOR	0	0	0	0
KEENON MCCLOY	MEMPHIS TN 38111	728 CHARLES PLACE	DIRECTOR	0	0	0	0
SUSAN MOSKOP	MEMPHIS TN 38103	526 E. PARKWAY SOUTH	DIRECTOR	0	0	0	0
KYLE WEBB	MEMPHIS TN 38104	96 E. CARLOS	DIRECTOR	0	0	0	0
CHEY WIDDOP	MEMPHIS TN 38117	3571 S. GALLOWAY DRIVE	DIRECTOR	0	0	0	0
	MEMPHIS TN 38111		DIRECTOR	0	0	0	0

# Federal Statements

## Statement 8 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
ERICKA WOJACK	GERMANTOWN TN 38128	8521 BEAVERWOOD DRIVE	DIRECTOR	0	0	0	0

Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
CSV LIFE INSURANCE INCREASE	\$ 1,497	\$	\$ 13,525	\$ 1,691
REALIZED GAINS				-93,554
OTHER			984	
TOTAL	<u>\$ 1,497</u>	<u>\$ 0</u>	<u>\$ 14,509</u>	<u>\$ -91,863</u>