

**Return of Organization Exempt From Income Tax**

**2005**

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

**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 July 1, 2005, and ending June 30, 2006**

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

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

**C Name of organization**  
**Planned Parenthood of Central & Northern AZ**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**5651 N. 7th Street**

City or town, state or country, and ZIP + 4  
**Phoenix, AZ 85014-2500**

**D Employer identification number**  
**86:0146520**

**E Telephone number**  
**(602) 263-4221**

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

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

**H and I are not applicable to section 527 organizations**

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

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

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

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

**G Website:** ▶ **ppcna.org**

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

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

**I** Group Exemption Number ▶

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

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **12,604,002**

**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	<b>1a</b>	<b>1,618,857</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>71,273</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>1,625,337</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>3,197,302</b> noncash \$ <b>118,165</b> )	<b>1d</b>			<b>3,315,467</b>
	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>4,662,007</b>
	Membership dues and assessments	<b>3</b>			
	Interest on savings and temporary cash investments	<b>4</b>			<b>33,042</b>
	Dividends and interest from securities	<b>5</b>			<b>28,001</b>
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>6b</b> Less: rental expenses	<b>6b</b>			
	<b>6c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶)	<b>7</b>				
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		<b>541,139</b>	<b>8a</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>424,714</b>	<b>8b</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>116,425</b>	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>		<b>116,425</b>
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input checked="" type="checkbox"/>				
Revenue	<b>a</b> Gross revenue (not including \$ <b>23,054</b> of contributions reported on line 1a)	<b>9a</b>	<b>127,342</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>100,106</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			<b>27,236</b>
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>3,867,247</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>1,121,306</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			<b>2,745,941</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>29,751</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>10,957,876</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>8,587,420</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>990,361</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>560,764</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>115,536</b>
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			<b>10,254,081</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>703,795</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>4,961,902</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>3,957</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>5,669,654</b>

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**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 \$ <u>23,130</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	23,130	23,130		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25	Compensation of officers, directors, etc.	359,732	157,819	171,208	30,705
26	Other salaries and wages	4,900,307	4,327,721	345,781	226,805
27	Pension plan contributions	32,546	24,850	5,461	2,235
28	Other employee benefits	452,896	379,238	48,776	24,882
29	Payroll taxes	414,844	356,795	38,802	19,247
30	Professional fundraising fees	50,000	0	0	50,000
31	Accounting fees	21,000	0	21,000	0
32	Legal fees	10,066	2,591	7,475	0
33	Supplies	285,025	272,051	7,848	5,126
34	Telephone	188,580	158,903	20,105	9,572
35	Postage and shipping	34,368	16,847	5,188	12,333
36	Occupancy	743,044	714,731	19,877	8,436
37	Equipment rental and maintenance	81,119	74,520	5,132	1,467
38	Printing and publications	107,026	66,584	519	39,923
39	Travel	69,102	50,191	15,061	3,850
40	Conferences, conventions, and meetings	87,767	29,626	28,091	30,050
41	Interest	4,591	4,591	0	0
42	Depreciation, depletion, etc. (attach schedule)	185,261	152,900	26,743	5,618
43	Other expenses not covered above (itemize).				
a	See Attached Notes to Tax Return	2,088,141	1,774,332	223,294	90,515
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)	10,138,545	8,587,420	990,361	560,764

**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 \$ \_\_\_\_\_

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**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>Family planning, education, and counseling</b> 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.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a Patient Services - provide comprehensive family planning services in 17 Arizona health centers; over 100,000 medical and counseling services</b> ..... ..... ..... (Grants and allocations \$ <b>7,130</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>7,920,231</b>
<b>b Public Information and Education - provide community education programs to students and adults; over 20,000 educational encounters</b> ..... ..... ..... (Grants and allocations \$ <b>13,500</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>504,055</b>
<b>c Public Affairs - provide information regarding current issues related to family planning, sex education, and counseling</b> ..... ..... ..... (Grants and allocations \$ <b>2,500</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>163,134</b>
<b>d</b> ..... ..... ..... (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . ►	<b>8,587,420</b>

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
<b>Assets</b>	45	Cash—non-interest-bearing . . . . .	271,669	45	47,997	
	46	Savings and temporary cash investments . . . . .	1,075,439	46	1,565,208	
	47a	Accounts receivable . . . . .	854,509			
	b	Less: allowance for doubtful accounts . . . . .	550,176	220,474	47c	304,333
	48a	Pledges receivable . . . . .	790,844			
	b	Less: allowance for doubtful accounts . . . . .	22,867	955,507	48c	767,977
	49	Grants receivable . . . . .	21,021	49	12,195	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50		
	51a	Other notes and loans receivable (attach schedule) . . . . .				
	b	Less: allowance for doubtful accounts . . . . .			51c	
	52	Inventories for sale or use . . . . .	85,689	52	81,795	
	53	Prepaid expenses and deferred charges . . . . .	81,447	53	176,429	
	54	Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,666,874	54	1,982,325	
	55a	Investments—land, buildings, and equipment: basis . . . . .				
	b	Less: accumulated depreciation (attach schedule) . . . . .			55c	
56	Investments—other (attach schedule) . . . . .			56		
57a	Land, buildings, and equipment: basis . . . . .	3,073,921				
b	Less: accumulated depreciation (attach schedule) . . . . .	1,899,522	1,269,212	57c	1,174,399	
58	Other assets (describe ► <u>Other receivables</u> . . . . .)		112,419	58	85,917	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .	5,759,751	59	6,198,575		
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .	648,824	60	463,391	
	61	Grants payable . . . . .		61		
	62	Deferred revenue . . . . .	53,608	62	0	
	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) . . . . .	95,417	64b	65,530	
	65	Other liabilities (describe ► . . . . .)		65		
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	797,849	66	528,921		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .	3,339,638	67	4,003,973	
	68	Temporarily restricted . . . . .	1,311,673	68	1,354,840	
	69	Permanently restricted . . . . .	310,591	69	310,841	
	<b>Organizations that do not follow SFAS 117, check here</b> <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) . . . . .	4,961,902	73	5,669,654	
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	5,759,751	74	6,198,575	





**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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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> 702		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>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> N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A	
<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> N/A	
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> N/A	
<b>87</b>	<b>501(c)(12) orgs.</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b> N/A	
<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> N/A	
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
<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>	<input checked="" type="checkbox"/>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under 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 ▶ Arizona		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	<b>90b</b> 167	
<b>91a</b>	The books are in care of ▶ Planned Parenthood of Central & No. AZ Telephone no. ▶ (. 602 ) 277-7526 Located at ▶ 5651 N. 7th Street Phoenix, AZ ZIP + 4 ▶ 85014-2500		
<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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>91b</b>	<input checked="" type="checkbox"/>
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>	<input checked="" type="checkbox"/>
<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		<input type="checkbox"/>

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Patient Fees					4,655,944
b Education Program Revenue					6,063
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	33,042	
96 Dividends and interest from securities			14	28,001	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	116,425	
101 Net income or (loss) from special events			01	27,236	
102 Gross profit or (loss) from sales of inventory					2,745,941
103 Other revenue: a Miscellaneous					29,757
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				204,704	7,437,705
105 Total (add line 104, columns (B), (D), and (E))					7,642,409

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	See Notes to Tax Return
93b	See Notes to Tax Return
102	See Notes to Tax Return
103	See Notes to Tax Return

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

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

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

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

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

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

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.

Please Sign Here

Signature of officer: David H. Richardson Date: 11/13/06

Type or print name and title: David H. Richardson Vice President of Finance & Administration

Paid Preparer's Use Only

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_



**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 <b>Planned Parenthood of Central &amp; Northern Arizona</b>	Employer identification number <b>86 : 0146520</b>
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**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
<b>Celeste Mendez</b> 5651 N. 7th Street	<b>Physician</b> 40 hours per week	<b>89,624</b>	<b>7,954</b>	<b>0</b>
<b>Jane Chapman</b> 5651 N. 7th Street	<b>Clinician</b> 40 hours per week	<b>78,861</b>	<b>5,950</b>	<b>0</b>
<b>Carol Bafaloukos</b> 5651 N. 7th Street	<b>Director of Clinical Ops</b> 40 hours per week	<b>75,312</b>	<b>9,776</b>	<b>0</b>
<b>Jacqueline Mather</b> 5651 N. 7th Street	<b>Clinician</b>	<b>73,908</b>	<b>5,854</b>	<b>0</b>
<b>Kristin Stookey</b> 5651 N. 7th Street	<b>Clinician</b>	<b>73,553</b>	<b>5,840</b>	<b>0</b>
Total number of other employees paid over \$50,000 ▶	<b>19</b>			

**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
<b>Penguin Services Trust</b> 5651 N. 7th Street Phoenix, AZ 85014	<b>Physician</b>	<b>231,080</b>
<b>Three Dog Surgical</b> 5651 N. 7th Street Phoenix, AZ 85014	<b>Physician</b>	<b>165,705</b>
<b>Microsystems Support Group</b> 5651 N. 7th Street Phoenix, AZ 85014	<b>Information Technology</b>	<b>127,626</b>
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**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
<b>None</b>		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

<b>Part III Statements About Activities</b> (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, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>163,134</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .	✓	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<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 of property? . . . . .		✓
<b>b</b>	Lending of money or other extension of credit? . . . . .		✓
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		✓
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	✓	
<b>e</b>	Transfer of any part of its income or assets? . . . . .		✓
<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>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .		✓
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		
<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>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶  Type 1  Type 2  Type 3

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

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

- 14**  An organization organized and operated to test for public safety. Section 509(a)(4) (See page 6 of the instructions)



**Part 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>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>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<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>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<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>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<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>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 . . . . .		

**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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	95,129
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	68,005
38	Total lobbying expenditures (add lines 36 and 37)	38	163,134
39	Other exempt purpose expenditures	39	10,090,946
40	Total exempt purpose expenditures (add lines 38 and 39)	40	10,254,081
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 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 . . . . .	41	662,704
42	Grassroots nontaxable amount (enter 25% of line 41).	42	165,676
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38.	44	0

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	662,704	629,304	622,661	612,604	2,527,273
46					3,790,910
47	163,134	154,981	205,940	219,655	743,710
48	165,676	157,326	155,665	153,151	631,818
49					947,727
50	95,129	93,737	60,838	80,635	330,339

**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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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



**Application To Adopt, Change, or Retain a Tax Year**

OMB No 1545-0134

▶ See separate instructions.

RECEIVED  
 6/5/06  
 7/6

Attachment  
 Sequence No 148

**Part I General Information**

*Important: All applicants must complete Part I and sign below. See instructions.*

Name of applicant (if a joint return is filed, also enter spouse's name) <b>Planned Parenthood of Central &amp; Northern Arizona</b>	Applicant's identifying no. (see instructions) <b>86-0146520</b>
Number, street, and room or suite no. (if a P O box, see instructions) <b>5651 N. 7th Street</b>	Service Center where income tax return will be filed <b>Ogden, UT</b>
City or town, state, and ZIP code <b>Phoenix, AZ 85014-2500</b>	Applicant's area code and telephone number/Fax number ( <b>602</b> ) <b>277-7526</b> / ( <b>602</b> ) <b>277-8093</b>
Name of filer, if different than the applicant (see instructions)	Filer's identifying number
Name of person to contact (if not the applicant or filer, attach a power of attorney) <b>David Richardson, Vice President of Finance &amp; Administration</b>	Contact person's area code and telephone number/Fax number ( <b>602</b> ) <b>263-4221</b> / ( <b>602</b> ) <b>277-8093</b>

**1 Check the appropriate box(es) to indicate the type of applicant (see instructions).**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual                         | <input type="checkbox"/> Cooperative (sec 1381(a))   | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec 1297)        |
| <input type="checkbox"/> Partnership                        | <input type="checkbox"/> Possession corporation (secs 936 and 30A)   | <input type="checkbox"/> Other foreign corporation                                   |
| <input type="checkbox"/> Estate                             | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec 957)  | <input checked="" type="checkbox"/> Tax-exempt organization                          |
| <input type="checkbox"/> Domestic corporation               | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input type="checkbox"/> Homeowners Association (sec 528)                            |
| <input type="checkbox"/> S corporation                      | <input type="checkbox"/> Specified foreign corporation (SFC) (sec 898)   | <input type="checkbox"/> Other .....<br>(Specify entity and applicable Code section) |
| <input type="checkbox"/> Personal service corporation (PSC) |  |  |

**2a Approval is requested to (check one) (see instructions):**

- Adopt a tax year ending ▶ ..... (Partnerships and PSCs: Go to Part III after completing Part I.)
- Change to a tax year ending ▶ **9/30**  Retain a tax year ending ▶ .....

**b** If changing a tax year, indicate the date the present tax year ends. ▶ ..... **6/30** .....

**c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ **July 1**, 20**05**, and ending ▶ **June 30**, 20**06**

**3** Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶  **Yes**  **No**

If "No," attach an explanation.

**4** Indicate the applicant's present overall method of accounting

- Cash receipts and disbursements method  Accrual method
- Other method (specify) ▶ .....

**5** State the nature of the applicant's business or principal source of income

**Non-profit health care**

**Signature—All Applicants (See Who Must Sign in the instructions.)**

Under penalties of perjury, I declare that I have examined this application, 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 applicant) is based on all information of which preparer has any knowledge.

Applicant\*

Preparer (other than applicant)

*David H. Richardson* **7/21/06**  
 Applicant or officer's signature and date

Signature of individual preparing the application and date

**David H. Richardson, V.P. of Finance & Administration**

Name of individual preparing the application

Name and title (print or type)

\*If the application is filed by one or more U S shareholders of a controlled foreign corporation, the U S shareholders must sign (see instructions)

Name of firm preparing the application

**Part II Automatic Approval Request** (see instructions)

**Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2002-37, or its successor)**

	Yes	No
1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2002-37 (or its successor)? (see instructions) . . . . . ▶		
2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.		
3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶		

**Section B—Partnerships, S Corporations, and Personal Service Corporations (PSCs) (Rev. Proc. 2002-38, or its successor)**

4 Is the applicant a partnership, S corporation, or PSC that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2002-38 (or its successor)? (see instructions) ▶		
5 Is the partnership, S corporation, or PSC requesting to change to its required tax year or a 52-53 week tax year ending with reference to such tax year? . . . . . ▶		
6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2002-38 (or its successor)? (see instructions for information required to be submitted) . . . . . ▶		
7 Is the S corporation requesting an ownership tax year? (see instructions) . . . . . ▶		
8 Is the applicant a partnership requesting a concurrent change pursuant to section 6.10 of Rev. Proc. 2002-37 (or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) . . . . . ▶		

**Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)**

9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? . . . . . ▶		
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**Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)**

10 Is the applicant a tax-exempt organization requesting a change? . . . . . ▶		
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**Part III Ruling Request** (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.)

**Section A—General Information**

	Yes	No
1 Is the applicant under examination by the IRS, before an appeals office, or a Federal court? . . . . . ▶ If "Yes," see the instructions for information that must be included on an attached explanation.		✓
2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? . . . . . ▶ If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		✓
3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? . . . . . ▶ If "Yes," attach an explanation.		✓
4a Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? . . . . . ▶ If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		✓
b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box. <input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (See instructions)		
5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period            \$ ..... 0    First preceding year    \$ ..... 0 Second preceding year    \$ ..... 0    Third preceding year    \$ ..... 0 <b>Note:</b> Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		



6 Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:			Yes	No
	Generated	Expiring		
Net operating loss . . . . .	\$ <u>0</u>	\$ <u>0</u>		
Capital loss . . . . .	\$ <u>0</u>	\$ <u>0</u>		
Unused credits . . . . .	\$ <u>0</u>	\$ <u>0</u>		
7 Enter the amount of deferral, if any, resulting from the change (see section 505(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) . . . . .				
				\$ <u>0</u>
8a Is the applicant a U.S. shareholder in a CFC? . . . . .				<input checked="" type="checkbox"/>
If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.				
b Will each CFC concurrently change its tax year? . . . . .				
If "Yes" to line 8b, go to Part II, line 3.				
If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.				
9a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? . . . . .				<input checked="" type="checkbox"/>
If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.				
b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? . . . . .				
10a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? . . . . .				<input checked="" type="checkbox"/>
If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.				
b Will any partnership concurrently change its tax year to conform with the tax year requested? . . . . .				
c If "Yes" to line 10b, has any Form 1128 been filed for such partnership? . . . . .				
11 Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? . . . . .				<input checked="" type="checkbox"/>
If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.				
12 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? . . . . .				<input checked="" type="checkbox"/>
13 Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? . . . . .			<input checked="" type="checkbox"/>	
14 Enter amount of user fee attached to this application (see instructions) . . . . .				\$ <b>155.00</b>

**Section B—Corporations (other than S corporations and controlled foreign corporations)** (see instructions)

15 Enter the date of incorporation. ▶		9/30/37	
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? . . . . .	Yes	No
			<input checked="" type="checkbox"/>
b	If "Yes," will the corporation be going to a permitted S corporation tax year? . . . . .		
	If "No" to line 16b, attach an explanation.		
17	Is the corporation a member of an affiliated group filing a consolidated return? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.		
18a	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.		
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.		
	<input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____ )		
	<input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		



Form 990

**PART I:**

**Line 8c - Schedule of Gain or (Loss) on Sale of Assets:**

(A) Securities - Publicly Traded Shares (Common Stock & Mutual Funds)

Gross Proceeds	541,139
Less Basis	<u>424,714</u>
Net Gain (Loss)	116,425

**Lines 9a through 9c:**

Special Event	Western Region Conference	Noche Latino	Goldwater Event	Summer Soiree	Total
Gross Receipts	81,503	24,930	43,783	180	150,396
Less Contributions	<u>-</u>	<u>11,000</u>	<u>12,054</u>	<u>-</u>	<u>23,054</u>
Gross Revenue	81,503	13,930	31,729	180	127,342
Less Direct Expenses	<u>70,988</u>	<u>12,542</u>	<u>15,904</u>	<u>672</u>	<u>100,106</u>
Net Income (loss)	10,515	1,388	15,825	(492)	27,236

**Line 10b - Inventory Sold:**

Birth Control Pills	312,403
Emergency Contraception	98,939
Other Contraceptive Supplies	12,936
Depo Provera	102,190
Other Rx Birth Control	119,432
Mifeprex	315,009
Medications & Drugs	160,397
Pregnosis	-
Test Pak	-
Total Inventory Sold	<u>1,121,306</u>

**Line 16 - Payments to Affiliates:**

Planned Parenthood Federation of America - Annual Support 810 Seventh Avenue New York, NY 10019	110,351
Planned Parenthood Western Region - Annual Support 333 Broadway - 3rd Floor San Francisco, CA 94133	5,185
Total Payments to Affiliates	<u>115,536</u>

**Line 20 - Other Changes in Net Assets**

Net Unrealized Gains (Losses) per FASB 124	3,957
--	-------

**PART II:**

Line 42	Depreciation, depletion, etc	Method	Lives	
	Building	Straight-line	40 yrs	25,587
	Furniture and equipment	Straight-line	5 - 10 yrs	77,072
	Capitalized software	Straight-line	2 - 5 yrs	13,336
	Leasehold improvements	Straight-line	(A)	<u>69,266</u>
				185,261

(A) Remaining term of lease + renewal options

Planned Parenthood of Central Northern Arizona  
86-0146520  
Form 990 July 1, 2005 - June 30, 2006

Line 43	Other expenses	Total	Program services	Management and general	Fundraising
	Professional fees (MD/Other)	788,000	585,896	151,235	50,869
	Lab fees	441,649	441,649	0	0
	Insurance	238,756	227,905	6,913	3,938
	Bad debts	213,972	209,732	0	4,240
	Advertising and outreach	128,624	105,843	15,710	7,071
	Minor equipment purchases	75,419	47,297	28,122	0
	Computer Expense	78,465	58,363	5,288	14,814
	Subscriptions & library	3,916	1,699	1,816	401
	Banking Fees / Miscellaneous	<u>119,340</u>	<u>95,948</u>	<u>14,210</u>	<u>9,182</u>
		2,088,141	1,774,332	223,294	90,515

**PART IV:**

**Line 54** Mutual Funds (shown at market value) 1,982,325

Line 57b	Land, building, and equipment	Cost Basis	Accumulated Depreciation	Net Book Value
	Land & Building	1,162,488	501,845	660,643
	Furniture and office equipment	458,002	333,538	124,464
	Medical equipment	335,969	243,287	92,682
	Capitalized software	244,051	206,326	37,725
	Leasehold improvements	863,211	614,526	248,685
	Artwork collections	10,200	-	10,200
		<u>3,073,921</u>	<u>1,899,522</u>	<u>1,174,399</u>

**Line 64b** Mortgages and other notes payable 65,530  
 \$150,000 - Loan for Flagstaff leasehold improvements, 6% interest  
 Loan date - 6/23/03, Term - 5 years, Due date - 6/23/08  
 60 monthly payments of \$2,906 31 to Bank One Arizona  
 Collateralized by Real Property at 5651 N 7th Street

**Part V: List of Officers, Directors, Trustees, and Key Employees**

<u>(A) Name and Address</u>	<u>Title and average hours per week devoted to position</u>	<u>Compensation</u>	<u>Contributions to EE benefit plans &amp; deferred comp</u>	<u>Expense account and other allowances</u>
Rich Kasper 5651 N 7th Street Phoenix, AZ 85014-2500	Board Chair 4 hours per week	\$0	\$0	\$0
Dr Candace Lew 5651 N 7th Street Phoenix, AZ 85014-2500	Chair-Elect 2 hours per week	\$0	\$0	\$0
Cindie Hubiak 5651 N 7th Street Phoenix, AZ 85014-2500	Treasurer 2 hours per week	\$0	\$0	\$0

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<u>(A) Name and Address</u>	<u>Title and average hours per week devoted to position</u>	<u>Compensation</u>	<u>Contributions to EE benefit plans &amp; deferred comp</u>	<u>Expense account and other allowances</u>
Kim Clark 5651 N 7th Street Phoenix, AZ 85014-2500	Secretary 2 hours per week	\$0	\$0	\$0
Rhonda Carrillo 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Mario Diaz 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Shawn Dralle 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Cynthia Emmons 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Gary Hammond 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Janet Kornblatt 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Mirna Lattouf 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Michelle Matheson 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Tony Moya 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Eileen Rogers 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
M Teresa Santiago 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0

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<u>(A) Name and Address</u>	<u>Title and average hours per week devoted to position</u>	<u>Compensation</u>	<u>Contributions to EE benefit plans &amp; deferred comp</u>	<u>Expense account and other allowances</u>
Manko Silver 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Kathy Young 5651 N 7th Street Phoenix, AZ 85014-2500	Director 1 hour per week	\$0	\$0	\$0
Bryan Howard 5651 N 7th Street Phoenix, AZ 85014-2500	President / CEO 40 hours per week	\$153,527	\$6,721	\$0
Pat Levin 5651 N 7th Street Phoenix, AZ 85014-2500	V P of Medical Services 40 hours per week	\$104,103	\$8,223	\$0
David Richardson 5651 N 7th Street Phoenix, AZ 85014-2500	V P of Finance & Administration 40 hours per week	\$102,102	\$9,671	\$0

**PART VII:**

**Line 93a** Patient Fees

Revenue from family planning and surgical services

**Line 93b** Educational Program Revenues

Fees received related to community-based presentations on family planning methods, teen pregnancy, sexually transmitted diseases to defray salary and transportation costs

**Line 102** Gross profit from sales of inventory

Revenue from sales of contraceptives and other family planning devices

**Line 103a** Miscellaneous

Miscellaneous revenue from collection of bad debts from patient fees and sales of inventory, insurance reimbursement for losses incurred in providing family planning counseling, and education services, and unidentified revenues from the provision of family planning services

**FORM 990 - SCHEDULE A:**

**Part VI-A:**

<b>Line 22 - Other Income</b>	<b>2005</b>	<b>2004</b>	<b>2003</b>	<b>2002</b>
Film rental	-	135	368	343
Poster / shirt sales*	-	-	-	-
Research studies	-	61,833	36,932	56,401
Training fees	-	-	-	-
Misc revenue	12,881	21,908	43,508	50,226
		83,876	80,808	106,970

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