

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

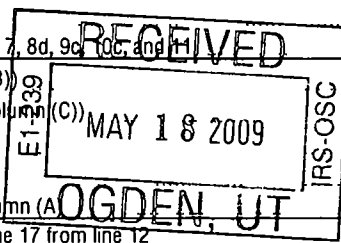
B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: PLANNED PARENTHOOD OF RHODE ISLAND. D Employer identification number: 05-0258955. E Telephone number: 401-421-7820. F Accounting method: Cash, Accrual.

G Website: WWW.PPRI.COM. J Organization type: 501(c)(3). K Check here: if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 2,994,224. M Check: if the organization is not required to attach Sch. B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6 Gross rents... 7 Other investment income... 8 Net gain or loss... 9 Special events... 10 Gross sales of inventory... 11 Other revenue... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or deficit... 19 Net assets... 20 Other changes... 21 Net assets at end of year.

SCANNED JUN 12 2009



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.

Do not include amounts reported on line 6a, 6b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A 25a	120,300.	0.	120,300.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	1,147,795.	892,355.	175,427.	80,013.
27 Pension plan contributions not included on lines 25a, b, and c 27	12,416.	6,898.	4,447.	1,071.
28 Employee benefits not included on lines 25a - 27 28	147,275.	103,122.	36,295.	7,858.
29 Payroll taxes 29	107,942.	79,026.	22,058.	6,858.
30 Professional fundraising fees 30				
31 Accounting fees 31				
32 Legal fees 32				
33 Supplies 33	228,041.	228,041.		
34 Telephone 34	53,499.	30,520.	12,542.	10,437.
35 Postage and shipping 35				
36 Occupancy 36	181,811.	130,020.	50,200.	1,591.
37 Equipment rental and maintenance 37	12,710.	10,414.	1,446.	850.
38 Printing and publications 38	38,247.	4,635.	26,225.	7,387.
39 Travel 39	12,247.	2,751.	6,800.	2,696.
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc. (attach schedule) 42	115,002.	105,432.	7,656.	1,914.
43 Other expenses not covered above (itemize):				
a <u>CONTRACT PERSONS</u> 43a	221,498.	221,498.		
b <u>LABORATORY EXPENSES</u> 43b	88,466.	88,466.		
c <u>MALPRACTICE INSURANCE</u> 43c	28,376.	28,376.		
d <u>PURCHASED SERVICES</u> 43d	280,717.	176,639.	104,078.	
e <u>DUES & SUBSCRIPTIONS</u> 43e	10,414.	3,448.	6,622.	344.
f <u>ADMINISTRATIVE COSTS</u> 43f	<7,938.>	371,507.	<405,217.>	25,772.
g <u>OTHER EXPENSES</u> 43g	119,617.	85,544.	33,027.	1,046.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	2,918,435.	2,568,692.	201,906.	147,837.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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? REPRODUCTIVE HEALTH CARE AND EDUCATION.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 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 PROVIDED REPRODUCTIVE HEALTH SERVICES - PATIENT VISITS DURING THE YEAR. THE MAJORITY OF PATIENTS HAD INCOME BELOW 100% FPG.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	2,136,277.
b PROVIDED COMMUNITY-BASED EDUCATION PROGRAMS REGARDING REPRODUCTIVE HEALTH.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	154,737.
c PROVIDED INFORMATION PERTAINING TO REPRODUCTIVE HEALTH AT STATE AND NATIONAL LEVELS.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	178,114.
d PROVIDED REPRODUCTIVE HEALTH SERVICES AND EDUCATION TO TEEN-AGED GIRLS AND BOYS.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	99,564.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,568,692.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	42,968.	45	52,666.
	46 Savings and temporary cash investments	284,953.	46	190,490.
	47 a Accounts receivable	47a 106,640.		
	b Less: allowance for doubtful accounts	47b	47c	106,640.
	48 a Pledges receivable	48a 63,885.		
	b Less: allowance for doubtful accounts	48b	48c	63,885.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	20,226.	52	20,226.
	53 Prepaid expenses and deferred charges	50,060.	53	25,890.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	222,397.
55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment: basis	57a 3,116,229.		
	b Less: accumulated depreciation	57b 1,876,641.	57c	1,239,588.
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	2,199,249.	59	1,699,385.	
Liabilities	60 Accounts payable and accrued expenses	306,861.	60	294,735.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	80,536. STMT 5	64b	120,000.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 6)	271,922.	65	0.
66 Total liabilities. Add lines 60 through 65	659,319.	66	414,735.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,334,876.	67	1,097,680.
	68 Temporarily restricted	195,054.	68	171,970.
	69 Permanently restricted	10,000.	69	15,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,539,930.	73	1,284,650.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,199,249.	74	1,699,385.	

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

a	Total revenue, gains, and other support per audited financial statements		a	2,756,373.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	16,501.	
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	16,501.
c	Subtract line b from line a		c	2,739,872.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify). SEE STATEMENT 7	d2	9,720.	
	Add lines d1 and d2		d	9,720.
e	Total revenue (Part I, line 12). Add lines c and d		e	2,749,592.

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

a	Total expenses and losses per audited financial statements		a	2,988,801.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	16,501.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) SPECIAL EVENT EXPENSES	b4	24,441.	
	Add lines b1 through b4		b	40,942.
c	Subtract line b from line a		c	2,947,859.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	2,947,859.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MIRIAM INOCENCIO P.O. BOX 41059 PROVIDENCE, RI 02940 SEE ATTACHED STATEMENT	PRESIDENT 40.00	100,000.	18,324.	1,976.
	0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 14		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ PLANNED PARENTHOOD VOTES! RHODE ISLAND and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	16,501.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/>		
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	32
91 a	The books are in care of <input type="text" value="LOU DENEGRE"/> Telephone no. <input type="text" value="203-752-2802"/> Located at <input type="text" value="P.O. BOX 41059, PROVIDENCE, RI"/> ZIP + 4 <input type="text" value="02940-1059"/>		
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 <input type="text" value="N/A"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PATIENT FEES					1,864,365.
b					
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	10,825.	
96 Dividends and interest from securities			14	2,768.	
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	36,402.	
101 Net income or (loss) from special events			01	46,483.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	3,436.	
b EXPENSES REIMBURSED					4,381.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		99,914.	1,868,746.
105 Total (add line 104, columns (B), (D), and (E))					1,968,660.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES FOR PROVIDING MEDICAL SERVICES AND INFORMATION PERTAINING TO REPRODUCTIVE HEALTH, THE ORGANIZATION'S EXEMPT PURPOSE.
103B	REIMBURSEMENT OF EXPENSES.

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).

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
Totals						

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: Judy Takar Date: 5/14/09

Type or print name and title: Judy Takar, Interim President & CEO

Paid Preparer's Use Only

Preparer's signature: John E. Kennedy, CPA Date: 5-6-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DEFKOWITZ, GARFINKEL, ET AL P.C.
TEN WEYBOSSET STREET - SUITE 700
PROVIDENCE, RI 02903

EIN: _____ Phone no.: 401-421-4800

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization: **PLANNED PARENTHOOD OF RHODE ISLAND**
Employer identification number: **05 0258955**

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
<u>CINDY CALDERON</u> P.O. BOX 41059, PROVIDENCE, RI 02940	NURSE PRACTITIONER 40.00	81,053.		
<u>MEGAN GAYNOR</u> P.O. BOX 41059, PROVIDENCE, RI 02940	NURSE PRACTITIONER 40.00	67,951.		
<u>JO ANN CONWAY</u> P.O. BOX 41059, PROVIDENCE, RI 02940	DIR OF FINANCE 40.00	63,182.	14,841.	300.
<u>KATHY DELFINO</u> P.O. BOX 41059, PROVIDENCE, RI 02940	NURSE PRACTITIONER 40.00	57,260.		
<u>ROSE MCLLVANE</u> P.O. BOX 41059, PROVIDENCE, RI 02940	DIR OF DEVELOPMENT 40.00	55,002.	7,286.	2,799.
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
<u>TIM SPURRELL</u> 1363 NARRAGANSETT BLVD, CRANSTON, RI 02905	MEDICAL SERVICES	54,545.

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
<u>NONE</u>		

Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>27,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	▶ <u>N/A</u>	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶ <u>N/A</u>	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶ <u>0.</u>	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	▶ <u>0.</u>	

SEE STATEMENT 8

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	538,698.	542,136.	798,026.	675,747.	2,554,607.
16 Membership fees received					
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	2,100,042.	1,962,559.	1,597,899.	1,385,832.	7,046,332.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,089.	8,097.	3,614.	1,475.	21,275.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	21,266.	37,450.	SEE STATEMENT 9 41,019.	13,970.	113,705.
23 Total of lines 15 through 22	2,668,095.	2,550,242.	2,440,558.	2,077,024.	9,735,919.
24 Line 23 minus line 17	568,053.	587,683.	842,659.	691,192.	2,689,587.
25 Enter 1% of line 23	26,681.	25,502.	24,406.	20,770.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 53,792.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 632,849.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,689,587.
d Add: Amounts from column (e) for lines: 18 21,275. 19 _____ 22 113,705. 26b 632,849.					26d 767,829.
e Public support (line 26c minus line 26d total)					26e 1,921,758.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 71.4518%
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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A. Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.												
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	27,000.												
38	Total lobbying expenditures (add lines 36 and 37)	38	27,000.												
39	Other exempt purpose expenditures	39	2,988,802.												
40	Total exempt purpose expenditures (add lines 38 and 39)	40	3,015,802.												
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	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	300,790.
If the amount on line 40 is -	The lobbying nontaxable amount is -														
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														
42	Grassroots nontaxable amount (enter 25% of line 41)	42	75,198.												
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	300,790.	311,536.	301,607.	277,420.	1,191,353.
46 Lobbying ceiling amount (150% of line 45(e))					1,787,030.
47 Total lobbying expenditures	27,000.	27,000.	12,000.	17,000.	83,000.
48 Grassroots nontaxable amount	75,198.	77,884.	75,402.	69,355.	297,839.
49 Grassroots ceiling amount (150% of line 48(e))					446,759.
50 Grassroots lobbying expenditures					0.

Part VI-B. Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 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:	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.)			0.

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

**PLANNED PARENTHOOD OF RHODE ISLAND
2007-2008 BOARD OF DIRECTORS**

CHAIR

John R. Morton, M.D.

**111 Point Street
Providence, RI 02903**

PAST CHAIR

Barbara Dickinson

**111 Point Street
Providence, RI 02903**

VICE CHAIR/CHAIR ELECT Vacant

SECRETARY

Connie Worthington

**111 Point Street
Providence, RI 02903**

TREASURER

Katherine Estes

**111 Point Street
Providence, RI 02903**

**PLANNED PARENTHOOD OF RHODE ISLAND
2007-2008 BOARD OF DIRECTORS**

Bennie Y. Fleming, Ed.D.

**111 Point Street
Providence, RI 02903**

Ingrid Ardaya

**111 Point Street
Providence, RI 02903**

Patricia A. Fuller

**111 Point Street
Providence, RI 02903**

Janice M. Phelps, CPA

**111 Point Street
Providence, RI 02903**

Dannie C. Ritchie, M.D., MPH

**111 Point Street
Providence, RI 02903**

Gilbert Rodriguez

**111 Point Street
Providence, RI 02903**

Roxie Sgouros

**111 Point Street
Providence, RI 02903**

Lavinia "Vinnie" Velazquez

**111 Point Street
Providence, RI 02903**

Peter C. Wells

**111 Point Street
Providence, RI 02903**

Monica Young

**111 Point Street
Providence, RI 02903**

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	256,593.	220,191.	0.	36,402.
TO FORM 990, PART I, LINE 8	256,593.	220,191.	0.	36,402.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
OTHER EVENTS	70,924.		70,924.	24,441.	46,483.
TO FM 990, PART I, LINE 9	70,924.		70,924.	24,441.	46,483.

Baldwin Brothers, Inc.
REALIZED GAINS AND LOSSES

Planned Parenthood of RI

479-347159

05-0258955

From 07-01-07 Through 06-30-08

Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Gain Or Loss	
						Short Term	Long Term
12-18-03	10-01-07	1 1230	Columbia Value and Restructuring CL Z	38 61	66 91		28 30
10-30-03	10-01-07	1.4070	Columbia Value and Restructuring CL Z	45.56	83 83		38 27
04-11-02	10-01-07	0 8530	Columbia Value and Restructuring CL Z	26 91	50 82		23 91
12-19-01	10-01-07	387.5580	Columbia Value and Restructuring CL Z	12,134.44	23,090.70		10,956.26
04-24-07	10-16-07	1,002.5060	Cohen and Steers Intl Realty Inc CL A	20,000 00	18,857.13	-1,142 87	
09-28-07	10-16-07	1 0020	Cohen and Steers Intl Realty Inc CL A	19.19	18.85	-0 34	
09-28-07	10-16-07	5 9050	Cohen and Steers Intl Realty Inc CL A	113 09	111.07	-2 02	
09-28-07	10-16-07	2 7420	Cohen and Steers Intl Realty Inc CL A	52 51	51.58	-0 93	
06-29-07	10-16-07	7 2530	Cohen and Steers Intl Realty Inc CL A	135 34	136 43	1.09	
10-25-07	10-26-07	40	American Int'l Group	2,471 60	2,448 76	-22 84	
10-17-07	10-26-07	150	Bancorp Rhode Island	5,404.50	5,027.42	-377 08	
09-22-05	10-26-07	629 4670	Dodge Cox Intl Stock Fund	21,164.94	31,362 81		10,197 87
10-17-07	10-29-07	100	Bancorp Rhode Island	3,603 00	3,404.94	-198.06	
10-17-07	11-01-07	100	Bancorp Rhode Island	3,603 00	3,349.95	-253 05	
10-17-07	11-02-07	100	Bancorp Rhode Island	3,603.00	3,379.94	-223.06	
10-17-07	11-06-07	100	Bancorp Rhode Island	3,603 00	3,349.94	-253 06	
10-17-07	11-07-07	100	Bancorp Rhode Island	3,603.00	3,356 95	-246.05	
10-17-07	11-08-07	100	Bancorp Rhode Island	3,603 00	3,369.94	-233.06	
10-17-07	11-09-07	100	Bancorp Rhode Island	3,603 00	3,363 94	-239 06	
10-17-07	11-12-07	100	Bancorp Rhode Island	3,603 00	3,373 95	-229 05	
11-09-07	11-12-07	57	Caterpillar Inc	4,013.37	3,979.65	-33.72	
01-05-07	11-12-07	305.1570	Fairholme Fund	8,617.44	9,965 00	1,347 56	
10-17-07	11-14-07	100	Bancorp Rhode Island	3,603.00	3,364.95	-238.05	
10-17-07	11-15-07	100	Bancorp Rhode Island	3,603 00	3,327 94	-275.06	
10-17-07	11-16-07	100	Bancorp Rhode Island	3,603.00	3,299 94	-303.06	
10-17-07	11-27-07	100	Bancorp Rhode Island	3,603.00	3,561.93	-41 07	
10-17-07	11-29-07	100	Bancorp Rhode Island	3,603.00	3,604.95	1.95	
10-17-07	12-05-07	100	Bancorp Rhode Island	3,603 00	3,359 95	-243.05	
10-17-07	12-12-07	100	Bancorp Rhode Island	3,603 00	3,433.94	-169 06	
12-06-07	12-12-07	12	Exxon Mobil Corp	1,097 28	1,101 50	4.22	
10-17-07	12-13-07	100	Bancorp Rhode Island	3,603 00	3,305 95	-297 05	
12-13-07	12-14-07	17	Merck & Co	1,016 43	1,007 05	-9 38	
10-17-07	12-17-07	100	Bancorp Rhode Island	3,603 00	3,306 95	-296.05	
10-17-07	12-18-07	100	Bancorp Rhode Island	3,603 00	3,398 94	-204 06	
10-17-07	12-19-07	100	Bancorp Rhode Island	3,603 00	3,393 94	-209.06	

Σύνολο κερδών 25,000, απώλειες 25,000
 Σύνολο κερδών 25,000, απώλειες 15,000, γνησιακά 30,000

Baldwin Brothers, Inc.
REALIZED GAINS AND LOSSES
Planned Parenthood of RI
479-347159
05-0258955

From 07-01-07 Through 06-30-08

Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Gain Or Loss	
						Short Term	Long Term
08-06-07	08-07-07	79	United Parcel Service	6,148.57	6,108.72	-39.85	
08-23-07	08-24-07	33	Target Corp	2,046.33	2,032.68	-13.65	
12-28-06	10-01-07	13,7820	Dodge Cox Intl Stock Fund	601.17	683.10	81.93	
12-28-06	10-01-07	11,4890	Dodge Cox Intl Stock Fund	501.15	569.45	68.30	
12-28-06	10-01-07	3,5130	Dodge Cox Intl Stock Fund	153.22	174.12	20.90	
2-28-05	10-01-07	10,4110	Dodge Cox Intl Stock Fund	364.69	516.02		151.33
2-28-05	10-01-07	10,3220	Dodge Cox Intl Stock Fund	361.57	511.60		150.03
12-28-05	10-01-07	1,3090	Dodge Cox Intl Stock Fund	45.85	64.88		19.03
09-22-05	10-01-07	412,5100	Dodge Cox Intl Stock Fund	13,870.06	20,445.83		5,575.77
09-28-07	10-01-07	300	csusgwr	8,652.00	8,695.85	43.85	
09-28-07	10-01-07	700	csusgwr	20,188.00	20,316.68	128.68	
06-27-07	10-01-07	1,6490	Columbia Value and Restructuring CL Z	97.04	98.25	1.21	
09-26-07	10-01-07	1,5230	Columbia Value and Restructuring CL Z	87.95	90.74	2.79	
04-11-07	10-01-07	1,9600	Columbia Value and Restructuring CL Z	109.46	116.78	7.32	
12-21-06	10-01-07	1,4250	Columbia Value and Restructuring CL Z	74.87	84.90	10.03	
10-12-06	10-01-07	2,1270	Columbia Value and Restructuring CL Z	104.85	126.73	21.88	
04-13-06	10-01-07	2,6810	Columbia Value and Restructuring CL Z	131.65	159.73		28.08
06-29-06	10-01-07	1,7850	Columbia Value and Restructuring CL Z	82.79	106.35		23.56
12-22-05	10-01-07	1,7840	Columbia Value and Restructuring CL Z	82.46	106.29		23.83
12-30-05	10-01-07	0,4960	Columbia Value and Restructuring CL Z	22.90	29.55		6.65
10-13-05	10-01-07	2,4760	Columbia Value and Restructuring CL Z	108.85	147.52		38.67
06-30-05	10-01-07	1,7680	Columbia Value and Restructuring CL Z	76.63	105.34		28.71
12-23-04	10-01-07	1,4950	Columbia Value and Restructuring CL Z	62.96	89.07		26.11
04-14-05	10-01-07	1,8660	Columbia Value and Restructuring CL Z	77.44	111.18		33.74
10-15-04	10-01-07	1,5440	Columbia Value and Restructuring CL Z	57.96	91.99		34.03
04-15-04	10-01-07	1,6330	Columbia Value and Restructuring CL Z	60.83	97.29		36.46
06-30-04	10-01-07	2,4510	Columbia Value and Restructuring CL Z	91.18	146.03		54.85

OC wpsrx 25,000 fexpx 25,000
 bix 25,000, nvalx 15,000 rympx 30,000

Baldwin Brothers, Inc.
REALIZED GAINS AND LOSSES
Planned Parenthood of RI
479-347159
05-0258955
From 07-01-07 Through 06-30-08

Open Date	Close Date	Quantity	Security	Cost Basis	Proceeds	Gain Or Loss	
						Short Term	Long Term
12-06-07	12-20-07	12 4770	Matthews China Fund	534.25	483.48	-50.77	
12-06-07	12-20-07	0 9890	Matthews China Fund	42.33	38.32	-4.01	
12-09-07	12-20-07	388 8020	Matthews China Fund	10,000.00	15,066.09	5,066.09	
12-06-07	12-20-07	0 7830	Matthews India Fund	18.43	18.11	-0.32	
12-06-07	12-20-07	5 4350	Matthews India Fund	127.89	125.71	-2.18	
12-06-07	12-20-07	16 8790	Matthews India Fund	397.17	390.41	-6.76	
12-09-07	12-20-07	614.6280	Matthews India Fund	10,000.00	14,216.35	4,216.35	
TOTAL GAINS						11,024.15	28,475.46
TOTAL LOSSES						-5,856.74	0.00
				220,190.71	253,833.58	5,167.41	28,475.46
TOTAL REALIZED GAIN/LOSS		33,642.27					
CAPITAL GAIN DISTRIBUTIONS							
	09-28-07		Cohen and Steers Intl Realty Inc CL A				19.19
	12-06-07		Matthews China Fund				534.25
	12-06-07		Matthews India Fund				397.17
	12-12-07		Columbia Value and Restructuring CL Z				213.02
	12-14-07		Harding Loevner Emerging Mkt				1,292.01
	12-14-07		Marsico 21st Century Fund				195.28
	12-19-07		Fairholme Fund				99.36
	06-27-08		Columbia Value and Restructuring CL Z				9.13
TOTAL DISTRIBUTIONS						0.00	2,759.41
TOTAL GAIN/LOSS						5,167.41	31,234.87
TOTAL REALIZED GAIN/LOSS		36,402.28					

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. (PPFA)	434 WEST 33RD STREET NEW YORK, NY 10001	
PURPOSE OF PAYMENT		
DUES FOR NATIONAL PROGRAM SUPPORT		29,424.
TOTAL TO FORM 990, PART I, LINE 16		29,424.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<22,852.>
DIFFERENCE IN COST BASIS OF SECURITIES SOLD - HISTORICAL VS. MARK TO MARKET	<34,161.>
TOTAL TO FORM 990, PART I, LINE 20	<57,013.>

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 5

LENDER'S NAME TERMS OF REPAYMENT
 CITIZENS BANK 12 MONTHS

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/31/07	01/31/08	80,536.	8.50%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 ALL OF THE CORP. ASSETS LINE OF CREDIT

RELATIONSHIP OF LENDER

THIRD PARTY

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
ADVANCES ON MAX 200,000 LINE OF CREDIT	0.	120,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 120,000.

FORM 990 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PROCEEDS FROM SUIT HELD FOR OTHERS	271,922.	0.
TOTAL TO FORM 990, PART IV, LINE 65	271,922.	0.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	<24,441.>
REALIZED GAINS	34,161.
TOTAL TO FORM 990, PART IV-A	9,720.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 8

SEE FORM 990, PART V-A.

SCHEDULE A	OTHER INCOME			STATEMENT 9
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
EXPENSE REIMBURSEMENT	16,857.	30,200.	30,200.	12,074.
MISCELLANEOUS	4,409.	7,250.	10,819.	1,896.
TOTAL TO SCHEDULE A, LINE 22	21,266.	37,450.	41,019.	13,970.

SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 10
PART VII, LINE 51, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

PLANNED PARENTHOOD VOTES!RHODE ISLAND

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

REIMBURSEMENT FOR OCCUPANCY EXPENSE.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

PLANNED PARENTHOOD VOTES!RHODE ISLAND

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

REIMBURSEMENT FOR LOBBYING SERVICES.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

PLANNED PARENTHOOD VOTES!RHODE ISLAND

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

REIMBURSEMENT TO PLANNED PARENTHOOD OF RHODE ISLAND FOR EMPLOYEE USE BY
PLANNED PARENTHOOD VOTES!RHODE ISLAND.

SCHEDULE A AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 11
PART VII, LINE 52, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

PLANNED PARENTHOOD VOTES!RHODE ISLAND

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

PLANNED PARENTHOOD OF RHODE ISLAND IS THE SOLE MEMBER OF PLANNED PARENTHOOD VOTES!RHODE ISLAND.

DEPRECIATION SCHEDULE

Description	Date of Acquisition	Meth	Life	Cost	Depn	Acc	Depn	Acc
					Exp	Dep	Exp	Dep
					2007	2007	2008	2008
BUILDING 1410								
Building	1990	SL	31.5	1,716,259.00	54,484.41	953,335.89	54,484.41	1,007,820.30
						<u>953,335.89</u>		<u>1,007,820.30</u>

CAPITAL IMPROVEMENTS 1415

Clinic renovations	1996	SL	39.5	38,141.00	965.59	11,104.54	965.59	12,070.14
GEM - CHECK VALVE	1999	SL	7.0	448.00	0.00	448.00		448.00
ELMHURST - HVAC	1999	SL	10.0	12,900.00	1,290.00	10,965.00	1,290.00	12,255.00
BRAIN CLARK paint clinic	2000	SL	3.0	2,622.50		2,622.50		2,622.50
BRAIN CLARK paint clinic	2000	SL	3.0	4,266.60		4,266.60		4,266.60
LAMAR & SONS HVAC						0.00		0.00
net of credit fr Narrag Elect	2000	sl	10.0	4,078.00	407.80	3,058.50	407.80	3,466.30
To adj see f&f below						151.15		151.15
Simplex gnnnel - not in serv	6/30/04	SL	10.0	6,000.00	600.00	1,500.00	600.00	2,100.00
Potvin Electnc - waiting rm	2005	SL	10.0	1,980.00	198.00	495.00	198.00	693.00
Potvin Electnc - waiting rm	2006	SL	10.0	1,500.00	75.00	150.00	225.00	375.00
K R A Electnc	2006	SL	10.0	2,015.00	117.54	117.54	201.50	319.04
Wm J Lamar & Sons	2007	SL	10.0	21,516.00	358.60	358.60	2,151.60	2,510.20
				<u>95,467.10</u>	<u>4,012.54</u>	<u>35,237.44</u>	<u>6,039.49</u>	<u>41,276.93</u>

CAPITAL IMPROVEMENTS CHAMPLIN 1416

HVAC IMP	1998	SL	10.0	17,083.18	1,708.32	16,229.02	854.16	17,083.18
PAINTING	1998	SL	5.0	746.00		746.00		746.00
CARPET	1998	SL	5.0	1,533.81		1,533.81		1,533.81
HVAC IMP	1999	SL	10.0	2,400.00	240.00	2,040.00	240.00	2,280.00
Kitchens Dir lab rehab	2000	SL	8.0	17,020.00	2,127.50	15,956.25	1,063.75	17,020.00
A Jordan (hot water)	2000	SL	3.0	1,250.00		1,250.00		1,250.00
All St Lock (rekey)	2000	SL	10.0	1,861.00	186.10	1,395.75	186.10	1,581.85
Trnkle Designs - hall floor	2000	SL	5.0	1,195.00		1,195.00		1,195.00
Trnkle Designs - reception	2001	SL	5.0	5,900.00		5,900.00		5,900.00
Furey Roofing - roof	2001	SL	5.0	1,500.00		1,500.00		1,500.00
Citworks fence	2001	SL	5.0	9,560.00		9,560.00		9,560.00
Furey Roofing - dryvit	2001	SL	5.0	5,616.00		5,616.00		5,616.00
Bnan Clark BDA Utd Ptng	2001	SL	5.0	2,490.00		2,490.00		2,490.00
Trnkle Designs - Clinic	2002	SL	5.0	5,765.00	576.50	5,765.00		5,765.00
Lizotte Glass clinic skylight	2002	SL	5.0	2,540.00	254.00	2,540.00		2,540.00
Lamar & Sons HVAC	2002	SL	5.0	5,130.00	513.00	5,130.00		5,130.00
Kitch Dir - Lab	2003	SL	5.0	15,705.00	3,141.00	14,134.50	1,570.50	15,705.00
Sara Sosa - OR's	2005	SL	10.0	15,214.60	1,521.46	3,803.65	1,521.46	5,325.11
Trnkle Designs - bathrms	2005	SL	5.0	1,940.00	388.00	970.00	388.00	1,358.00
Trnkle Designs - OR	2005	SL	5.0	3,975.00	795.00	1,987.50	795.00	2,782.50
Trnkle Designs - OR	2005	SL	5.0	900.00	180.00	450.00	180.00	630.00
GEM - plumbing bathrms	2005	SL	5.0	973.00	194.60	486.50	194.60	681.10
Potvin - heaters rec & fr disk	2005	SL	5.0	2,340.00	468.00	1,170.00	468.00	1,638.00
To agree to detail						-99.00	0.00	-99.00
Wm J Lamar & Sons	2007	SL	10.0	22,000.00	366.67	366.67	2,200.00	2,566.67
				<u>144,637.59</u> ##	<u>12,660.15</u> ###	<u>102,116.65</u>	<u>9,661.57</u>	<u>111,778.22</u>
Total AD Capital Improvements				<u>240,104.69</u>	<u>16,672.68</u>	<u>137,354.09</u>	<u>15,701.06</u>	<u>153,055.15</u>

DEPRECIATION SCHEDULE

Description	Date of Acquisition	Meth.	Life	Cost	Depn	Acc	Depn	Acc
					Exp	Dep	Exp	Dep
					2007	2007	2008	2008
F&E ACQ CHAMPLIN 1426								
COMPAQ	1998	SL	3 0	999 98		1,333 31		1,333 31
TV & VCR	1998	SL	5 0	379 98		455 98		455 98
OTHER ADDITIONS	1998	SL	7 0	28,588 90		28,588 90		28,588 90
ADDITIONS THRU 3/31/99	1999	SL	7 0	21,687 39		21,687 39		21,687 39
99 add in service 7/1/99	1999	SL	7 0	9,982 00		9,982 00		9,982 00
DRE Anesthesia Machine	2000	SL	7 0	9,585 00	684 64	9,585 00		9,585 00
ADCO Autoclave	2000	SL	7 0	3,500 00	250 00	3,500 00		3,500 00
Circuit City Video Eq	2000	SL	5 0	1,219 95		1,219 95		1,219 95
Office concepts	2001	SL	5 0	253 24		253 24		253 24
IDAP Information sys	2001	SL	5 0	2,630 00		2,630 00		2,630 00
Office concepts	2001	SL	5 0	1,342 00		1,342 00		1,342 00
Adco	2001	SL	5 0	800 00		800 00		800 00
Office concepts	2001	SL	5 0	4,647 00		4,647 00		4,647 00
Office concepts	2001	SL	5 0	5,709 00		5,709 00		5,709 00
Executone	2001	SL	5 0	18,733 00		18,733 00		18,733 00
Executone	2001	SL	5 0	329 00		329 00		329 00
Medical Sound Techno	2001	SL	5 0	11,900 00		11,900 00		11,900 00
Zol Medical	2001	SL	5 0	3,327 70		3,327 70		3,327 70
Trinkle Designs board carpe	2002	SL	5 0	1,495 00	149 50	1,495 00		1,495 00
Cooper Surg (LEEP Pkg)	2003	SL	8 0	4,400 38	550 05	2,475 21	550 05	3,025 26
Atlant HC (Colposcope)	2003	SL	8 0	2,895 00	361 88	1,628 44	361 88	1,990 31
to adj see cap imp above								0 00
								0 00
Adv Power- UPS, battery	2004	SL	5 0	2,331 40	466 28	1,631 98	466 28	2,098 26
ADCO waste cans OF	2005	SL	5 0	952 00	190 40	476 00	190 40	666 40
Criticare - 2 patient monitors	2005	SL	5 0	12,010 58	2,402 12	6,005 29	2,402 12	8,407 41
Hunt's Digital camera	2006	SL	3 0	593 16	197 72	296 58	197 72	494 30
TNM laptop & projector	2006	SL	3 0	3,200 00	1,066 67	1,600 00	1,066 67	2,666 67
Karl Storz - Endoscopy	2006	SL	5 0	13,963 52		0 00	0 00	0 00
Autoclave & Cassette	2006	SL	7 0	6,823 00	731 04	731 04	731 04	1,462 07
				<u>174,278.18</u>	<u>7,050 28</u>	<u>142,362.99</u>	<u>5,966.14</u>	<u>148,329 13</u>

F&E DONATED 1427

Additions	1989	SL	5 00	3,250 00		3,250 00		3,250 00
Additions	1990	SL	5 00	595 00		595 00		595 00
Additions	1991	SL	5 00	400 00				400 00
Additions	1997	SL	5 00	10,000 00		10,000 00		10,000 00
To balance						-60 00		-60 00
				<u>14,245.00</u>		<u>14,185.00</u>		<u>14,185 00</u>

FIXTURES & EQUIPMENT 1420

Various	81 & prior	SL	var	34,532 00		34,532 00		34,532 00
Additions	1982	SL	var	7,122 00		7,122 00		7,122 00
Additions	1983	SL	var	9,275 00		9,275 00		9,275 00
Additions	1984	SL	6 00	10,020 00		10,020 00		10,020 00
Additions	1985	SL	6 00	20,959 00		20,959 00		20,959 00
Additions	1986	SL	6 00	14,400 00		14,400 00		14,400 00
Additions	1987	SL	6 00	9,036 00		9,036 00		9,036 00
Additions	1988	SL	6 00	22,570 00		22,570 00		22,570 00
Additions	1989	SL	6 00	36,895 00		36,895 00		36,895 00
Additions	1989	SL	7 00	69,204 00		69,204 00		69,204 00
Additions	1990	SL	5 00	14,404 00		14,404 00		14,404 00

DEPRECIATION SCHEDULE

Description	Date of Acquisition	Meth	Life	Cost	Depn	Acc	Depn	Acc
					Exp	Dep	Exp	Dep
					2007	2007	2008	2008
Additions	1990	SL	7 00	2,702 00		2,702 00		2,702 00
Additions	1992	SL	5 00	2,587 00		2,587 00		2,587 00
Additions	1993	SL	5 00	5,757 00		5,757 00		5,757 00
Additions	1994	SL	5 00	1,681 00		1,681 00		1,681 00
Additions	1995	SL	5 00	55,410 00		55,410 00		55,410 00
Additions	1995	SL	3 00	470 00		470 00		470 00
Additions	1996	SL	5 00	11,870 00		11,870 00		11,870 00
Additions	var	SL	var	-14,000 00		-14,000 00		-14,000 00
Additions	1997	SL	5 00	71,034 00		71,034 00		71,034 00
Additions	1997	SL	7 00	9,720 00		9,720 00		9,720 00
EQ	1998	SL	3 0	775 00		775 00		775 00
KP SYS COMPUTER	1998	SL	3 0	825 00		825 00		825 00
HP LASERJET	1998	SL	7 0	1,149 97		1,149 97		1,149 97
KP SYS COMP	1998	SL	3 0	1,020 00		1,020 00		1,020 00
CORE BUS TECH - COPIER	1998	SL	3 0	6,838 86		6,838 86		6,838 86
OTHER ADDITIONS	1998	SL	7 0	503 94		503 94		503 94
OTHER ADDITIONS	1999	SL	5 0	1,857 74		1,857 74		1,857 74
Gateway Dev Comp 2	2000	SL	3 0	3,376.00		3,376 00		3,376 00
NECR pnter dev 1	2000	SL	3 0	1,739.00		1,739 00		1,739 00
Office concepts	2000	SL	5 0	506 48		506 48		506 48
Gateway computer	2000	SL	3 0	3,869 00		3,869 00		3,869 00
Centredale systems	2000	SL	3 0	1,375 00		1,375 00		1,375 00
Atlantic Healthcare	2000	SL	5 0	1,570 00		1,099 00		1,099 00
Adco	2000	SL	5 0	1,550 00		1,085 00		1,085 00
Centredale systems	2000	SL	3 0	4,491 00		4,491 00		4,491 00
Centredale systems	2000	SL	3 0	3,849 00		3,849 00		3,849 00
Securty Concepts camera	2002	SL	5 0	8,882 30	888 23	8,882 30		8,882 30
To tie out to 2002 audit				900 00		900 00		900 00
Securty Concepts camera	2003	SL	5 0	1,712 31	342 46	1,541 08	171 23	1,712 31
Unified media (MI laptop)	2003	SL	3 0	2,828 24	-471 37	2,828 24		2,828 24
Network Mgr computer	2004	SL	3 0	10,637 09		10,637 09		10,637 09
PMG software	2004	SL	3 0	6,500 00		6,500 00		6,500 00
Network Mgr computer	2004	SL	3 0	700 50		700 50		700 50
WB Mason furniture	2004	SL	5 0	1,622 12	324 42	1,297 70	324 42	1,622 12
Network Mgr computer	2004	SL	3 0	929 00		929 00		929 00
Network Mgr computer	2004	SL	3 0	177 60		177 60		177 60
Staples pnters	2004	SL	3 0	659 32		659 32		659 32
Maytag appliances	2004	SL	5 0	1,153 98	230 80	923 18	230 80	1,153 98
Network Mgr computer	2004	SL	3 0	2,858 56		2,858 56		2,858 56
Business Syst Shredder	2004	SL	3 0	1,580 00		1,580 00		1,580 00
Network Mgr computer	2004	SL	3 0	3,386 22		3,386 22		3,386 22
Network Mgr computers (2)	2005	SL	3 0	1,824 00	608 00	1,520 00	304 00	1,824 00
Telechecks -chk process	2005	SL	3 0	854 93	284 98	284 98	284 98	569 95
ADCO MD stools	2005	SL	3 0	470 00	156 67	391 67	78 33	470 00
Network Mgr computer	2005	SL	3 0	685 00	228 33	570 83	114 17	685 00
Network Mgr 3wksta+1lapt	2005	SL	3 0	4,017 68	1,339 23	3,348 07	669 61	4,017 68

DEPRECIATION SCHEDULE

Description	Date of Acquisition	Meth.	Life	Cost	Depn	Acc	Depn	Acc
					Exp	Dep	Exp	Dep
					2007	2007	2008	2008
Network Mgr computer	2005	SL	3 0	1,182 62	394 21	985 52	197 10	1,182 62
WB Mason - cht rm	2005	SL	5 0	2,012 85	402 57	1,006 43	402 57	1,409 00
WB Mason - admin	2005	SL	5 0	4,672 55	934 51	2,336 28	934 51	3,270 79
WB Mason -admin	2005	SL	5 0	639 30	127 86	319 65	127 86	447 51
To agree to detail				-33 27		36 50		36 50
Medpro - ultrasound	2006	SL	5 00	15,195 00	3,039 00	4,558 50	3,039 00	7,597 50
WB Mason - admin	2006	SL	5 00	4,686 40	937 28	1,407 92	937 28	2,345 20
Security concepts	2006	SL	5 00	26,139 10	5,227 82	7,841 73	5,227 82	13,069 55
TNM laptop	2006	SL	3 0	1,854 00	618 00	1,236 00	618 00	1,854 00
Air Compresor	2006	SL	5 00	3,900 00	780 00	1,430 00	780 00	2,210 00
To agree to detail							0 00	0 00
DVR Repair	2007	SL	3 00	1,380 00	115 00	115 00	460 00	575 00
Gas water heater	2006	SL	5 00	743 69	86 76	86 76	148 74	235 50
TNM laptop	2007	SL	3 00	3,857 99	-1,296 00	-1,296 00		-1,296 00
Abdominal Probe	2007	SL	3 00	3,800 00	105 56	105 56	1,266 67	1,372 23
Dell Computers (laptop)	2007	SL	3 00	846 00			258 50	258 50
Secured Network Serv	2007	SL	3 00	4,709 00			1,308 06	1,308 06
GE Medical Services	2007	SL	7 00	20,000 00			1,547 62	1,547 62
Dell Computers (desktop)	2008	SL	3 00	750 00			93 75	93 75
Drop Safe	2008	SL	10 00	759 00			18 98	18 98
Dell Computers (laptop DPS 2007		SL	5 00	629 00			10 48	10 48
				581,046.07	15,404 31	500,094.16	19,554 47	519,648.64

FIXTURES & EQUIPMENT - Angell St. 1525

Furnishings - Office concept	2006	SL	8 00	30,278 41	1,892 40	3,784 80	1,892 40	9,462
Decorations - Peaceable Kir	2006	SL	5 00	1,079 00	107 90	215 80	107 90	540
Air Cond - Atomic Appl	2006	SL	5 00	500 00	50 00	100 00	50 00	250
TNM - computers	2006	SL	5 00	3,143 99	314 40	628 80	314 40	1,572
Security Concepts	2006	SL	5 00	14,300 00	1,430 00	2,860 00	1,430 00	7,150
Poyant Signs	2006	SL	5 00	5,311 00	531 10	1,062 20	531 10	2,656
American Blinds	2006	SL	5 00	1,947 00	194 70	389 40	194 70	974
Eclipse Machine	2006	SL	5 00	875 25	145 88	145 88	145 88	584
Adjust	2007			389 00				-
Drop Safe	2008	SL	10 00	759 00			18 98	19
				58,582 65	4,666 37	9,186.87	4,685 35	23,204 97

FIXTURES & EQUIPMENT - REALLIFE REALTALK 1421

Dell Computers (Pnnter)	2008	SL	5 00	999 00			74 93	74 93
Dell Computers (Laptop)	2008	SL	5 00	629 00			10 48	10 48
WB Mason (Office Station	2008	SL	5 00	4,489 80			74 83	74 83
				6,117.80			160 24	160 24

Total AD Furn & Eq

834,269.70 27,120 97 651,644 03 30,366 20 691,342.98

LEASEHOLD IMPROVEMENTS - EXPRESS CLINIC 1417

Buildout for Express Clinic	2006	SL	5 0	25,595 00	5,119 00	5,119 00	5,119 00	10,238 00
				25,595.00	5,119.00	5,119.00	5,119.00	10,238 00

TOTAL ALL ASSETS

2,816,228 39 103,397 07 1,761,638.00 105,670 68 1,876,641.43

Land 300,000 00

GRAND TOTAL

3,116,228 39

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization PLANNED PARENTHOOD OF RHODE ISLAND	Employer identification number 05-0258955
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 41059	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PROVIDENCE, RI 02940-1059	

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

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

- The books are in the care of ▶ **LOU DENEGRÉ**
Telephone No. ▶ **203-752-2802** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization PLANNED PARENTHOOD OF RHODE ISLAND	Employer identification number 05-0258955
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 41059	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PROVIDENCE, RI 02940-1059	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **LOU DENEGRÉ**
Telephone No. **203-752-2802** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature *John D. Smoot Jr.* Title *CA* Date *2-11-09*