



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



Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2008 calendar year, or tax year beginning** 10/01, 2008, and ending 09/30/2009

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b>		<b>D Employer identification number</b>
		PLANNED PARENTHOOD ADVOCATES OF ARIZONA		86-0701472
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		5651 N. 7TH ST City or town, state or country, and ZIP + 4		(602) 277-7526
		PHOENIX, AZ 85014		<b>F Group Exemption Number</b> . . . ▶

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

**G Accounting method** ☐ Cash ☒ Accrual  
Other (specify) ▶

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

**I Website:** ▶ WWW.ADVOCATESAZ.ORG**J Organization type** (check only one) - ☒ 501(c) ( 4 ) ◀ (insert no.) 4947(a)(1) or 527**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts.** If \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 223,727.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	194,851.
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here . . . . .		
	<b>a</b> Gross revenue (not including \$ 36,732. of contributions reported on line 1) . . . . .	<b>6a</b>	28,876.
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	52,367.
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	-23,491.	
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶) . . . . .	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	171,360.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	37,137.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	73,019.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	2,442.
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	3,779.
	<b>16</b> Other expenses (describe ▶ STMT 1) . . . . .	<b>16</b>	30,240.
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	146,617.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	24,743.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	35,494.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . STMT 2	<b>20</b>	601.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	60,838.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	50,796.	<b>22</b> 47,934.
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe ▶ STMT 3) . . . . .	1,718.	<b>24</b> 17,027.
<b>25</b> Total assets . . . . .	52,514.	<b>25</b> 64,961.
<b>26</b> Total liabilities (describe ▶ STMT 4) . . . . .	17,020.	<b>26</b> 4,123.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	35,494.	<b>27</b> 60,838.

JSA  
8E1008 1 000

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

09360R A11A 07/07/2010 18:02:34

1161.11

4

10

GS

SCANNED AUG 25 2010

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

28a	85,856.
-----	---------

29a	
-----	--

30a

31a

32	85,856.
----	---------

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . . <b>STMT. 9</b>	<b>X</b>	
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> <b>NONE</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b> Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> <b>NONE</b>		
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ . . . . . section 4912 ▶ . . . . . ; section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3) and (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," complete Schedule L, Part I . . . . .		<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <b>NONE</b>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <b>NONE</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ▶ <b>ARIZONA</b>		
<b>42a</b> The books are in care of ▶ <b>PATRICIA GROSS</b> . . . . . Telephone no ▶ <b>602-263-4221</b>		
Located at ▶ <b>5651 N. 7TH ST PHOENIX, AZ</b> . . . . . ZIP + 4 ▶ <b>85014</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>X</b>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		<b>X</b>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<b>X</b>

Form **990-EZ** (2008)

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

<b>46</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>46</b>	Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>		
<b>48</b>	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b>	If "Yes," was the related organization(s) a section 527 organization? . . . . .	<b>49b</b>		
<b>50</b>	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			


(a) Name and address of each employee paid more than \$100,000	(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
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000 ►				


**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000 . . . . . ▶		

Total number of other independent contractors receiving over \$100,000 . . . . . ►

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

Sign Here  Signature of officer 1x 8-5-10  
Date

 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <i>Amy O'Neale</i>	Date 8-5-10	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ MHM, LLC 3101 N. CENTRAL AVE., STE 300 PHOENIX, AZ 85012	EIN ▶ 34-1884125	Phone no ▶ 602-264-6835	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

Form **990-EZ** (2008)



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 ROE-PHOENIX (event type)	(b) Event #2 ROE-TUCSON (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	33,410.	19,301.	12,897.	65,608.
	2 Less Charitable contributions . . . . .	13,200.	13,500.	10,032.	36,732.
	3 Gross revenue (line 1 minus line 2) . . . . .	20,210.	5,801.	2,865.	28,876.
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Other direct expenses . . . . .	33,939.	13,875.	4,553.	52,367.
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .				( 52,367.)
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .				-23,491.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
	2 Cash prizes . . . . .				
Direct Expenses	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
<b>16</b>	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		



FORM 990EZ, PART I - OTHER EXPENSES

=====

TRAVEL	904.
OFFICE SUPPLIES	350.
ADVERTISING & OUTREACH	23,308.
INSURANCE	85.
SECURITY	294.
BANKING/CREDIT CARD FEES	1,660.
SUBSCRIPTIONS & LIBRARY	865.
CONFERENCES & MEETINGS	2,774.
	-----
TOTAL	30,240.
	=====

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

ADJUSTMENT FOR NET ASSETS OF POLITICAL  
COMMITTEE OF PLANNED PARENTHOOD  
ADVOCATES OF ARIZONA

601.

TOTAL

601.

FORM 990EZ, PART II - OTHER ASSETS  
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
DUE FROM PLANNED PARENTHOOD AZ	NONE	16,394.
PREPAID EXPENSES	1,718.	633.
	-----	-----
TOTALS	1,718.	17,027.
	=====	=====

FORM 990EZ, PART II - TOTAL LIABILITIES

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	13,997.	4,123.
DUE TO PLANNED PARENTHOOD ARIZONA	3,023.	NONE
	-----	-----
TOTALS	17,020.	4,123.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO ENCOURAGE AND PROTECT INFORMED INDIVIDUAL CHOICE REGARDING  
REPRODUCTIVE HEALTH CARE AND TO ADVOCATE PUBLIC POLICIES WHICH  
GUARANTEE THAT RIGHT, AS WELL AS FULL AND NONDISCRIMINATORY ACCESS TO  
SUCH CARE, AND TO FOSTER AND PRESERVE A SOCIAL AND POLITICAL CLIMATE  
FAVORABLE TO THE EXERCISE OF REPRODUCTIVE CHOICE.

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JUDY ACKERMAN 5651 N. 7TH ST PHOENIX, AZ 85014	SECRETARY/TREASURER 1.	NONE	NONE	NONE
ELLY ANDERSON 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
STEPHEN ANDERSON 5651 N. 7TH ST PHOENIX, AZ 85014	VICE-CHAIR 1.	NONE	NONE	NONE
BONNIE BOODEN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
KENT BURBANK 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
CYNTHIA EMMONS 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
ANNETTE EVERLOVE	DIRECTOR 1.	NONE	NONE	NONE

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
5651 N. 7TH ST PHOENIX, AZ 85014				
FREDDY HERSHBERGER 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
PAUL LINDSEY 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
MADELEINE WACHTER 5651 N. 7TH ST PHOENIX, AZ 85014	CHAIR 1.	NONE	NONE	NONE
FRANCINE DOBKIN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
CAROL ENGLER 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
SARAH FRIEDMANN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JOJENE MILLS 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
LAWRENCE A. ROBINSON 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
VIRGINIA L. YRUN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE



FORM 990EZ, PART V - EXPLANATION FOR LINE 34

=====

SEE ATTACHED AMENDED BYLAWS

**SEVENTH AMENDED AND RESTATED BYLAWS**  
**OF**  
**PLANNED PARENTHOOD ADVOCATES OF ARIZONA**

**ARTICLE I: PURPOSE**

**1. Purpose**

Planned Parenthood Advocates of Arizona (PPAA) is organized to further the general welfare of the people of Arizona by working to promote public policies which encourage and protect informed individual choice regarding reproductive health care and guarantee each individual's right to full and nondiscriminatory access to reproductive health care. It is for the exclusive purpose of promoting social welfare within the meaning of section 501(c) (4) of the Internal Revenue Code. In connection with this purpose, PPAA shall:

- a. Encourage and protect informed individual choice regarding reproductive health care;
- b. Advocate public policies that guarantee the right to choice and non-discriminatory access to complete reproductive health care; and
- c. Foster and preserve a social and political climate favorable to the exercise of reproductive choice through candidate and voter education.

**ARTICLE II: MEMBERS**

**1. Membership**

PPAA Members shall be individuals who apply for membership, are found by the Board or such membership committee as it may establish to adhere to purposes of PPAA, as set out in these Bylaws, and pay whatever membership dues the Board may ordain. All Members shall have their membership formally acknowledged and shall be advised of their right to a copy of these Bylaws. PPAA through its Board, any membership committee established by the Board, and its membership shall expressly solicit new Members through whatever activities or channels the Board deems appropriate.

**2. Limited Liability**

No Member of PPAA shall be liable for the debts, obligations, or liabilities of PPAA by virtue of his/her membership.

## **ARTICLE III: DIRECTORS**

### **1. Purpose**

The management shall be consistent with PPAA purpose, subject to limitations in bylaws and to the limitation that prior to engaging in electoral activity involving direct candidate endorsement or expenditures to support or oppose a specific candidate, policies defining the scope and criteria for selection of such activities shall be adopted.

The Board shall exercise full power and authority to govern the affairs of the corporation, except as otherwise provided in these bylaws; shall approve a program for the ensuing year; shall ensure the financial viability of the corporation and safeguard its assets; may amend the bylaws; and shall conduct any special business of which due notice has been given by the Secretary in the notice of the meeting.

### **2. Number of Directors and Term of Office**

The authorized number of Directors is no less than eight (8) and no more than twenty five (25). Directors will be appointed by the Planned Parenthood Arizona ("PPAZ") Board of Directors.

Directors shall begin serving a term of two (2) years upon the month following their election and until such time as new directors are duly elected. Directors may not be elected to more than three consecutive terms. No employee of PPAA may serve as a member of the Board of Directors.

### **3. Vacancies**

A vacancy on the Board exists when: (a) a Director submits a written resignation; (b) the office is declared vacant by the Board pursuant to Section 4 of this Article; (c) the PPAZ Board of Directors fails to elect a sufficient number of Directors to fill all vacant positions; or (d) a Director takes a leave of absence. Vacancies shall be filled by the PPAZ Board of Directors. Each Director so elected shall hold office for the remainder of the term of the Director whose place such elected Director is taking.

### **4. Removal**

A Director may be removed from the Board with or without cause by a vote of a majority of the PPAZ Board of Directors.

### **5. Board Meetings**

The Board shall meet regularly at least four (4) times during each fiscal year.

Special meetings of the Board of Directors for any purpose may be called at any time by the Chair or by two of the Directors currently in office.

Notice of both regular and special meetings shall be given at least two (2) days in advance and shall specify the place, day, and hour of such meetings. Notice may be mailed, electronically transferred by modem or facsimile, hand delivered, or delivered via telephone. If delivered in such a manner, such notice shall be deemed to be given when sent by the sender.

The Board of Directors may permit any or all Directors to participate in a regular or special meeting by, or conduct the meeting through, the use of any means of communication by which all Directors participating may simultaneously hear each other during the meeting. A Director participating in a meeting by this means is deemed to be present in person at the meeting.

**6. Quorum**

One-third (1/3) of the duly qualified Directors shall constitute a quorum. Every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present shall be regarded as the act of the Board of Directors.

All actions require only simple majority of the Directors present, except that the following matters shall require a 2/3 majority of the quorum: amendments to these Bylaws and the Articles of Incorporation, and action to dissolve PPAA.

**7. Board Actions Outside of Meetings**

The Board may take action without a meeting if the Chair or any two Directors currently in office contact all members of the Board in a single electronic mail transmission soliciting Board action, and a majority of all Directors expressly approve of the solicited action by responsive electronic transmission to the Chair or relevant two Directors within seventy-two (72) hours of the original transmission.

**8. Conflict of Interest**

When a situation exists whereby a member of the Board of Directors may benefit or suffer from doing business with PPAA, the Board member has the responsibility to make all circumstances known to the Board of Directors at a regularly scheduled meeting. Under such circumstances, the Board member will be excused from the meeting until the matter has been resolved by the other Board members present at the meeting.

## **ARTICLE IV: OFFICERS**

### **1. Election of Officers**

The Board of Directors shall elect the officers of the corporation. The officers to be elected shall serve a term of two years, and shall include a Chair, a Vice-Chair, a Secretary and a Treasurer. The offices of Secretary and Treasurer may be held by the same person or by two separate individuals. The Board of Directors may, at its sole discretion, hire a President/Chief Executive Officer. The new officers shall take office on the day of their election unless some other date is designated by the Board.

The Board of Directors may elect additional officers from time to time as deemed necessary or desirable for the operation of PPAA. In the event of a vacancy in any office, the Board of Directors shall elect a Director to fill the vacancy as soon as practicable.

### **2. Titles and Duties of Officers**

The power and duties of the officers shall be as follows:

#### **A. Chair**

The Chair shall be the presiding officer of the Board of Directors, and shall preside at all meetings of the Board of Directors. The Chair may call both regular and special meetings of the Board, and shall exercise and perform such other powers and duties as may be assigned to that office from time to time by the Board of Directors or prescribed by these Bylaws.

The Chair (and President/Chief Executive Officer if the Board elects to have such a position) shall be the only individual(s) authorized to approve contracts on behalf of PPAA. Expenditure of any corporate funds deposited in a segregated fund, which is registered as a political committee under Arizona law, must also be approved by the officer designated as the Treasurer of that Fund, or by the Chair of the Fund if permitted by law.

#### **B. Vice-Chair**

In the absence or disability of the Chair, the Vice-Chair shall perform all the duties of the Chair and when so acting shall have all the powers of, and be subject to all restrictions upon, the Chair. The Vice-Chair shall have such other powers and perform such other duties as from time to time may be prescribed by the Board of Directors or these Bylaws.

C. Secretary

The Secretary shall: (a) see that the minutes of all meetings of the Board of Directors and of any committees are kept; (b) give or cause to be given required notices of all meetings of the Board of Directors; and (c) discharge such other duties as from time to time may be assigned by the Board of Directors or the President/Chief Executive Officer, if such an officer is hired.

D. Treasurer

The Treasurer shall: (a) have or provide for the custody of the funds or other property of PPAA and keep a separate book account of the same; (b) collect, receive and deposit or provide for the collection, receipts and deposit of monies earned by or in any manner due to or received by PPAA; (c) whenever so required by the Board of Directors, render, or cause to be rendered, an accounting showing his or her transactions as Treasurer and the financial condition of PPAA; and (d) discharge such other duties as from time to time may be assigned by the Board of Directors or the Board Chair.

E. President/Chief Executive Officer

The Board of Directors may employ a President/Chief Executive Officer who shall manage the operations of the corporation and execute policy set by the Board. The President/Chief Executive Officer, if that office is filled, shall implement and maintain a record of the policies of the Board of Directors, including the maintenance of a docket of any termination or review dates of such policies. The President/Chief Executive Officer shall not be a member of the Board.

## **ARTICLE V: PERSONAL LIABILITY**

The personal liability of any Director or volunteer officer of PPAA to PPAA for money damages for breach of fiduciary duty or any action taken or any failure to take any action as a Director or officer is hereby eliminated to the fullest extent allowed by the Nonprofit Corporation Law of the State of Arizona, as it may be amended from time to time.

## **ARTICLE VI: INDEMNIFICATION**

PPAA shall indemnify, and advance expenses to, to the fullest extent allowed by the Arizona Revised Statutes, any person who incurs liability or expense by reason of such person acting as a Director or officer of PPAA. This indemnification with respect to Directors and officers shall be mandatory, subject to the requirements of the Arizona Revised Statutes, in all circumstances in which indemnification is permitted by the Arizona Revised Statutes. In addition, PPAA may, in its sole discretion, indemnify, and advance expenses to any person who incurs liability or expense, by reason of such person acting as an employee or agent of PPAA, to the fullest extent allowed by the Arizona Revised Statutes.

## **ARTICLE VII: AMENDMENTS**

These Bylaws may be changed or amended at a regular or special meeting of the Board of Directors provided that all Directors are given at least ten (10) days written notice that such a change or amendment will be voted upon. A vote of two thirds (2/3) of the number of all Directors present at a regular or special meeting of the Board is required to amend these Bylaws.

## **ARTICLE VIII: DISSOLUTION**

PPAA shall dissolve upon the written notice of the PPAA Board of Directors. Upon dissolution of PPAA, the assets remaining after payment of all debts and obligations shall be distributed to PPAZ.

APPROVED AND ADOPTED this 23<sup>rd</sup> day of July, 2009 by vote of the Board of Directors.

By: *Madeline Wichter*  
Chair, Board of Directors

Article VIII: Dissolution amended on May 31, 2006

Article II: Members amended on May 11, 2007

Article III: Directors amended on May 11, 2007

Revised: June 26, 2008

Revised: February 11, 2009

Revised: July 23, 2009

FEDERAL FOOTNOTES

=====

FORM 990-EZ, PART VI, LINE 50 PLANNED PARENTHOOD ADVOCATES OF ARIZONA  
HAS NO EMPLOYEES. SALARIES INCLUDED ON FORM 990-EZ, PART I, LINE 12  
ARE LEASED EMPLOYEES FROM A RELATED 501(C)(3) ORGANIZATION.



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

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - 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](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number
	PLANNED PARENTHOOD ADVOCATES OF ARIZONA		86-0701472
	Number, street, and room or suite no. If a P.O. box, see instructions		
	5651 N. 7TH ST		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	PHOENIX, AZ 85014		

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

<input 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 checked="" 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 ► \_\_\_\_\_

Telephone No. ► \_\_\_\_\_ 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 05/17, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> 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.	<b>3c</b>	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
  - 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Type or  
print**

Name of Exempt Organization

Employer identification number

PLANNED PARENTHOOD ADVOCATES OF ARIZONA

86-0701472

Number, street, and room or suite no. If a P O box, see instructions

5651 N. 7TH ST

City, town or post office, state, and ZIP code For a foreign address, see instructions.

PHOENIX, AZ 85014

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

- |   |  |                                    |
|---|--|------------------------------------|
| <input 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 checked="" 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 ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ 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 05/17, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year \_\_\_\_\_ or  
 ▶ ☒ tax year beginning 10/01, 2008, and ending 09/30, 2009.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c</b> 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.	<b>3c</b>	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

• 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.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	PLANNED PARENTHOOD ADVOCATES OF ARIZONA	86-0701472
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	5651 N. 7TH ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	PHOENIX, AZ 85014	

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

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

**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 ☒ **NANCY MAURER**

Telephone No ☒ 602 263-4221

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 08/16/2010

5 For calendar year       , or other tax year beginning 10/01/2008, and ending 09/30/2009

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 NEEDED IN ORDER TO GATHER

THE INFORMATION NECESSARY TO PREPARE 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 \$
8b 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 \$
8c 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 \$

**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 ☒

CBIZ MHM, LLC  
3101 N. CENTRAL AVE., STE 300  
PHOENIX, AZ 85012

Title ☐

Date ☒

5-14-10

Form **8868** (Rev. 4-2009)