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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning

10/01, 2009, and ending

09/30/2010

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

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

C Name of organization

PLANNED PARENTHOOD ADVOCATES OF ARIZONA

Number and street (or P.O. box, if mail is not delivered to street address)

5651 N. 7TH ST

Room/suite

City or town, state or country, and ZIP + 4

PHOENIX, AZ 85014

D Employer identification number

86-0701472

E Telephone number

(602) 277-7526

F Group Exemption Number . . . ▶

• 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 Tax-exempt status (check only one) - ☒ 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 215,677.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	177,501.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		<input checked="" type="checkbox"/>
	a	Gross revenue (not including \$ 49,672. of contributions reported on line 1)	6a	38,115.
	b	Less: direct expenses other than fundraising expenses	6b	52,097.
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-13,982.
	7 a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ ATCH 1)	8	61.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	163,580.
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	42,858.
13		Professional fees and other payments to independent contractors	13	15,540.
14		Occupancy, rent, utilities, and maintenance	14	1,411.
15		Printing, publications, postage, and shipping	15	9,007.
16		Other expenses (describe ▶ ATCH 2)	16	23,112.
17	Total expenses. Add lines 10 through 16	17	91,928.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	71,652.
	19	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)	19	60,838.
	20	Other changes in net assets or fund balances (attach explanation)	20	10,553.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	143,043.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	47,934.	124,724.
23 Land and buildings		
24 Other assets (describe ▶ ATCH 4)	17,027.	21,746.
25 Total assets	64,961.	146,470.
26 Total liabilities (describe ▶ ATCH 5)	4,123.	3,427.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,838.	143,043.

Expenses

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

28 PROVIDE COMMUNITY PROGRAMS ON LEGISLATIVE PROCESSES AND BILLS THAT
IMPACT INDIVIDUALS' RIGHT TO MAKE REPRODUCTIVE HEALTH CARE
CHOICES.

28a

27,951.

29

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

29a

30

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

30a

31 Other program services (attach schedule)

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

31a

32 Total program service expenses (add lines 28a through 31a)

32

27,951.

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		
38a 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 outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0.		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e 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		X
41 List the states with which a copy of this return is filed. ▶ ARIZONA		
42a The organization's books are in care of ▶ PATRICIA GROSS Telephone no. ▶ 602-263-4221 Located at ▶ 5651 N. 7TH ST PHOENIX, AZ ZIP + 4 ▶ 85014		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 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		X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's 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."

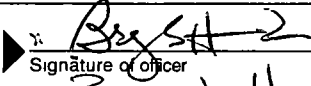
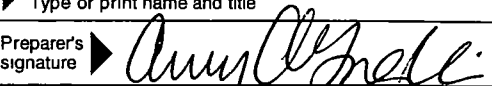
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000. ▶

- 51** Complete this table for the organization's 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

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	 Signature of officer		6-20-11 Date		
Paid Preparer's Use Only	 Preparer's signature		6-15-11 Date	<input type="checkbox"/> Check if self-employed	Preparer's identifying number (See instructions)
	CBIZ MHM, LLC Firm's name (or yours if self-employed), address, and ZIP + 4		EIN 34-1884125		Phone no 602-264-6835
	3101 N CENTRAL AVE., STE 300 PHOENIX, AZ 85012				

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

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization
PLANNED PARENTHOOD ADVOCATES OF ARIZONA

Employer identification number
86-0701472

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | |
|-----------------------------------|----------------------------------|-----------------------------------|---------------------------------------|
| a <input type="checkbox"/> | Mail solicitations | e <input type="checkbox"/> | Solicitation of non-government grants |
| b <input type="checkbox"/> | Internet and email solicitations | f <input type="checkbox"/> | Solicitation of government grants |
| c <input type="checkbox"/> | Phone solicitations | g <input type="checkbox"/> | Special fundraising events |
| d <input type="checkbox"/> | In-person solicitations | | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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	45,053.	37,011.	5,723.	87,787.
2 Less: Charitable contributions	21,796.	25,105.	2,771.	49,672.
3 Gross income (line 1 minus line 2)	23,257.	11,906.	2,952.	38,115.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	32,355.	15,616.	4,126.	52,097.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(52,097.)
11 Net income summary. Combine line 3, column (d), and line 10				-13,982.

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			2,326.	2,326.
Direct Expenses				
2 Cash prizes				
3 Noncash prizes			350.	350.
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 10.0000% <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(350.)
8 Net gaming income summary. Combine line 1, column d, and line 7				1,976.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>AZ</u>		
a Is the organization licensed to operate gaming activities in each of these states?	9a	X
b If "No," explain: <u>THE ORGANIZATION IS EXEMPT FROM LICENSING IN ARIZONA (ARS 13-3302)</u>		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	11	X
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	X

13 Indicate the percentage of gaming activity operated in:

- | | Yes | No |
|--|----------------------|----|
| a The organization's facility | 13a 0.0000% | |
| b An outside facility | 13b 100.0000% | |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MICHAEL ESPARZA

Address ▶ 5651 N. 7TH ST. PHOENIX, AZ 85014

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a**

X

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

- c**
- If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ ANNET RUITER

Gaming manager compensation ▶ \$ 0.

Description of services provided ▶ ORGANIZED RAFFLE AND DISTRIBUTED PRIZES

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

X

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

- 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 your return. See instructions.	Name of exempt organization PLANNED PARENTHOOD ADVOCATES OF ARIZONA	Employer identification number 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	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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 ☒ **PATRICIA GROSS**
Telephone No. ☒ 602 277-7526 FAX No. ☒ 602 277-5243
- 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.

- I request an additional 3-month extension of time until 08/15, 2011.
- For calendar year 2009, or other tax year beginning 10/01, 2009, and ending 09/30, 2010.
- If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 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 \$
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, if required, by using EFPS (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 ☒ *Amber G. Hoff* Title ☐ Date ☒ 4-25-11

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

Form 8868 (Rev 1-2011)

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

OMB No. 1545-1709

▶ **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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print 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		

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ PATRICIA GROSS

Telephone No. ▶ 602 277-7526FAX No. ▶ 602 277-5243

- 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.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20 or
- ▶ ☒ tax year beginning 10/01, 20 09, and ending 09/30, 20 10.

- 2** If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$

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 Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

ATTACHMENT 1FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS INCOME

61.

TOTALS

61.

ATTACHMENT 2FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	92.
TRAVEL	1,130.
CONFERENCES, CONVENTIONS	2,114.
ADVERTISING & OUTREACH	14,675.
COMPUTER SERVICE	290.
INSURANCE	1,676.
SECURITY	150.
BANKING/CREDIT CARD FEES	1,905.
SUBSCRIPTIONS & LIBRARY	1,047.
MISCELLANEOUS EXPENSES	33.
TOTAL	<u>23,112.</u>

ATTACHMENT 3

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

INCREASES IN FUND BALANCES

10,553.

TOTAL

10,553.

ATTACHMENT 4FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
DUE FROM PLANNED PARENTHOOD AZ	16,394.	19,425.
PREPAID EXPENSES	633.	2,321.
TOTALS	<u>17,027.</u>	<u>21,746.</u>

ATTACHMENT 5FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	4,123.	3,427.
TOTALS	<u>4,123.</u>	<u>3,427.</u>

ATTACHMENT 6FORM 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.

PLANNED PARENTHOOD ADVOCATES OF ARIZONA

86-0701472

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

ATTACHMENT 7

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 1.00	0.	0.	0.
ELLY ANDERSON 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
STEPHEN ANDERSON 5651 N. 7TH ST PHOENIX, AZ 85014	VICE-CHAIR 1.00	0.	0.	0.
BONNIE BOODEN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
KENT BURBANK 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
ANNETTE EVERLOVE 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
PAUL LINDSEY 5651 N. 7TH ST	DIRECTOR 1.00	0.	0.	0.

PLANNED PARENTHOOD ADVOCATES OF ARIZONA

86-0701472

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

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
PHOENIX, AZ 85014				
MADELEINE WACHTER 5651 N. 7TH ST PHOENIX, AZ 85014	CHAIR 1.00	0.	0.	0.
FRANCINE DOBKIN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
CAROL ENGLER 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
SARAH FRIEDMANN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
JOJENE MILLS 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
LAWRENCE A. ROBINSON 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEESATTACHMENT 7 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
VIRGINIA L. YRUN 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
KRISTIN GREENE 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
LINDA SPEARS 5651 N. 7TH ST PHOENIX, AZ 85014	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>

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.