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Form 990 — Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

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)

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

B Check if applicable
☑ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization
PLANNED PARENTHOOD LOS ANGELES

Number and street (or P O box if mail is not delivered to street address) | Room/suite
400 WEST 30TH STREET

City or town, state or country, and ZIP + 4
LOS ANGELES, CA 90007

D Employer identification number
95-2408623

E Telephone number
(213) 284-3200

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)

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

I Group Exemption Number ▶

G Web site: ▶ WWW PPLOSANGELES ORG

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

K Check here ▶ ☐ if the organization is not a 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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 45,358,379

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

Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	7,408,227		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	960,648		
e	**Total** (add lines 1a through 1d) (cash $ 8,368,875 noncash $)			1e	8,368,875
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	28,362,715
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	757,575
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a			6c	
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8a	Gross amount from sales of assets other than inventory	7,185,303	8a	
b	Less cost or other basis and sales expenses	6,189,279	8b	
c	Gain or (loss) (attach schedule)	996,024	8c	

d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	996,024
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☑				
a	Gross revenue (not including $ of contributions reported on line 1b)	9a	227,460		
b	Less direct expenses other than fundraising expenses	9b	227,460		
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	456,451
12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	38,941,640

Expenses

13	Program services (from line 44, column (B))	13	26,850,970
14	Management and general (from line 44, column (C))	14	2,156,771
15	Fundraising (from line 44, column (D))	15	2,024,765
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** Add lines 16 and 44, column (A)	17	31,032,506

Net Assets

18	Excess or (deficit) for the year Subtract line 17 from line 12	18	7,909,134
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	35,879,302
20	Other changes in net assets or fund balances (attach explanation)	20	-1,605,604
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	42,182,832

Part II **Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (*See the instructions.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash $ noncash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 397,888 noncash $) If this amount includes foreign grants, check here ▶ ☐	22b	397,888	397,888		
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 (attach schedule)	25a	538,949	107,791	161,685	269,473
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	46,730		46,730	
c Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26	11,685,082	10,059,198	859,437	766,447
27 Pension plan contributions not included on lines 25a, b and c	27	154,807	136,844	10,645	7,318
28 Employee benefits not included on lines 25a - 27	28	1,016,453	866,667	80,662	69,124
29 Payroll taxes	29	920,592	773,560	77,623	69,409
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	332,206	284,660	31,340	16,206
34 Telephone	34	313,358	285,962	13,392	14,004
35 Postage and shipping	35	192,004	92,576	11,151	88,277
36 Occupancy	36	1,316,484	1,211,698	26,056	78,730
37 Equipment rental and maintenance	37	1,097,887	1,015,597	50,845	31,445
38 Printing and publications	38	376,141	267,159	11,193	97,789
39 Travel	39	295,085	216,403	29,001	49,681
40 Conferences, conventions, and meetings	40	96,180	55,562	18,165	22,453
41 Interest	41	13,726	13,726		
42 Depreciation, depletion, etc (attach schedule)	42	849,332	701,004	110,073	38,255
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	31,032,506	26,850,970	2,156,771	2,024,765

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

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

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

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

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

What is the organization's primary exempt purpose? ▶ TO PROVIDE CONVENIENT AND AFFORDABLE ACCESS TO A COMPREHENSIVE RANGE OF QUALITY REPRODUCTIVE HEALTH CARE AND SEXUAL HEALTH INFORMATION, THROUGH PATIENT SERVICES, EDUCATION, AND ADVOCACY

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)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	CLIENT SERVICESProvides credentialing services, licensing, training and other support functions for PPLA clinics (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,378,459
b	PUBLIC AFFAIRS Public affairs engages in legislative advocacy, public education campaigns, and grassroots organizing Our mission is to protect and expend services that prevent unintended pregnancy, improve the quality and affordability of reproductive and sexual health care, and ensure continued access to safe, legal, and confidential abortion Specifically, public affairs engages in direct and grassroots lobbying to protect access to reproductive health care, expand accesss to affordable family planning services, and ensure age-appropriate, medically-accurate sex education in schools Our advocacy agenda includes -Fair Medi-Cal reimbursement rates for family planning provides,-Minors' rights and access to reproductive health care services,-Medically accurate, age-appropriate sex education in schools and commmunities, -Protecting reproductive rights and access, nationally and internationally,-Voter education and mobilization,-Working to defeat anti-choice ballot initiatives (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,442,218
c	EDUCATIONPPLA education programs teach medically accurate, age-appropriate reproductive health information to allow for responsible decision-making PPLA reaches 75,000 adult women, men and teens with that critical information through our community education and outreach programs The junior high/middle school program covers puberty and anatomy, abstinence, age-appropriate information about birth control and sexually transmitted infections (STI's) and was presented 1,469 times reaching more than 7,800 students in 30 schools and community groups The high school program covers sexuality, healthy relationships, safer sex, pregnancy and parenting, and condoms and birth control and was presented 1,114 times by volunteer high school speakers to more than 9,400 persons at 53 schools and community groups Through education resources and training, PPLA also provides educational resources to the public through our Resource Library with a broad selection of pamphlets, videos, books, curricula and referrals PPLA participated in 74 health fairs reaching over 13,440 individuals Promotoras Comunitarias trains Latina women through a comprehensive 15 session curriculum to be health educators in their community Our Promotoras presented 3,802 classes on reproductive health, communication, domestic violence, and substance abuse in homes, churches, community centers, affordable housing developments, in Head Start centers, and even in garment factories and reached 20,915 people The Promotoras "Growing Together" program brings mothers and their 9-11 year old daughters together to begin a lifelong habit of talking to each other about values, sexuality, aspirations and relationships The program also provides an HIV play in Spanish, called La Decision, to 1,445 people Circulo de Salud was created by PPLA as a focused approach to soaring teen pregnancy and sexually transmitted infection rates in the high-need area of East Los Angeles Circulo de Salud's peer educators reached 7,277 young men and women The Ujima Program was launched to address the soaring teen pregnancy and sexually transmitted infection rates in South Los Angeles Ujima's outreach educators reached 3,929 youth in high schools and middle schools and 5,340 youth outside school settings PPLA's new parent/adult education and training program conducted 80 workshops, presentations, and training to 1,080 parents and adults who work with families (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	2,641,583
d	CLINICS AND COUNSELINGPPLA provides confidential reproductive health care to over 100,000 women and men each year Family planning accounts for more than 87% of the services provided Nearly 95% of our patients had incomes at or below 200% of the federal poverty level Over 60% of our patients were under the age of 26 The entire list of services includes birth control, emergency contraception, pregnancy tests and options counseling, adoption referrals, medication and surgical abortion services, pap tests, cancer screening and education, early stage cervical cancer and pre-cancer treatment, vasectomy and sterilization counseling, testing/treatment for sexually transmitted infections, HIV/AIDS testing and counseling, and mid-life services (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	21,388,710
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	26,850,970

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			3,796,919	**45**	2,481,722
46	Savings and temporary cash investments				**46**	
47a	Accounts receivable	**47a**	5,922,904			
b	Less allowance for doubtful accounts	**47b**	19,980	3,270,945	**47c**	5,902,924
48a	Pledges receivable	**48a**	2,832,969			
b	Less allowance for doubtful accounts	**48b**	17,275	6,995,752	**48c**	2,815,694
49	Grants receivable				**49**	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				**50a**	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				**50b**	
51a	Other notes and loans receivable (attach schedule)	**51a**				
b	Less allowance for doubtful accounts	**51b**			**51c**	
52	Inventories for sale or use			668,067	**52**	432,596
53	Prepaid expenses and deferred charges			666,398	**53**	631,628
54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV			5,807,670	**54a**	3,830,037
b	Investments—other securities (attach schedule) ▶ ☐ Cost ☑ FMV			3,906,259	**54b**	13,353,543
55a	Investments—land, buildings, and equipment basis	**55a**				
b	Less accumulated depreciation (attach schedule)	**55b**			**55c**	
56	Investments—other (attach schedule)			804,611	**56**	
57a	Land, buildings, and equipment basis	**57a**	22,625,873			
b	Less accumulated depreciation (attach schedule)	**57b**	7,035,043	12,429,772	**57c**	15,590,830
58	Other assets, including program-related investments (describe ▶ ____________)				**58**	
59	**Total assets** (must equal line 74) Add lines 45 through 58			38,346,393	**59**	45,038,974
Liabilities						
60	Accounts payable and accrued expenses			2,248,345	**60**	2,671,390
61	Grants payable				**61**	
62	Deferred revenue				**62**	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				**63**	
64a	Tax-exempt bond liabilities (attach schedule)				**64a**	
b	Mortgages and other notes payable (attach schedule)			218,746	**64b**	184,752
65	Other liabilities (describe ▶ ____________)				**65**	
66	**Total liabilities** Add lines 60 through 65			2,467,091	**66**	2,856,142
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted			24,949,382	**67**	32,138,336
68	Temporarily restricted			8,893,850	**68**	8,008,426
69	Permanently restricted			2,036,070	**69**	2,036,070
	Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			35,879,302	**73**	42,182,832
74	**Total liabilities and net assets / fund balances** Add lines 66 and 73			38,346,393	**74**	45,038,974

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	37,336,036
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	-1,268,806		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4	-7,658		
	Add lines **b1** through **b4**			b	-1,276,464
c	Subtract line **b** from line **a**			c	38,612,500
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)	d2	329,140		
	Add lines **d1** and **d2**			d	-1,276,464
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	38,941,640

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

a	Total expenses and losses per audited financial statements			a	31,032,506
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	31,032,506
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	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	31,032,506

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
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 28			
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**		No
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**		No
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

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 and deferred compensation plans	**(E)** Expense account and other allowances
BENJAMIN TYSCH 400 WEST 30TH STREET LOS ANGELES, CA 90007	0	36,134		
J HUGH ANWYL 400 WEST 30TH STREET LOS ANGELES, CA 90007	0	10,596		

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**		No
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**		No
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**78a**	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	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**	Yes	
b	If "Yes," enter the name of the organization ▶ PLANNED PARENTHOOD LA CTY ADVOCACY PROJE and check whether it is ☑ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

				Yes	No
82a	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	Yes	
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			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b		No
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85a		No
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b		No
	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 the prior year				
c	Dues assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g		No
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		No
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12	86a 0			
b	Gross receipts, included on line 12, for public use of club facilities	86b 0			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders	87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b 0			
88a	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		No
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		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶				
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶				
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?		89e		No
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?		89f		No
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		No

90a List the states with which a copy of this return is filed ▶ CA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 266

91a The books are in care of ▶ MARK KIMURA Telephone no ▶ (213) 284-3200

Located at ▶ 400 WEST 30TH STREET LOS ANGELES, CA ZIP + 4 ▶ 90007

			Yes	No
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)?	91b		No

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

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		No

If "Yes," enter the name of the foreign country ▶

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 |

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

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLINIC AND COUNSELING FEE					28,362,715
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					
96 Dividends and interest from securities . . .			14	757,575	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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	996,024	
101 Net income or (loss) from special events . .					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a PARTNERSHIP PASS-THROUGH	211110	329,140			
b OTHER INCOME			1	127,311	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		329,140		1,880,910	28,362,715

105 **Total** (add line 104, columns (B), (D), and (E)) . . . . ▶ 30,572,765

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	PATIENT VISITS TO THE CLINICS ARE THE PRIMARY VEHICLE THROUGH WHICH THE ORGANIZATION ACCOMPLISHES ITS EXEMPT PURPOSE AS DESCRIBED IN PART III THESE FEES RESULT FROM THE PATIENT VISITS

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
	%			
	%			
	%			
	%			

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)*

		Yes	No
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		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
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		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** 2009-02-05

Signature of officer [redacted]

MARY-JANE WAGLE Executive Director

Type or print name and title

Paid Preparer's Use Only

Preparer's signature Renee Ordeneaux

Date [redacted]

Firm's name (or yours if self-employed), address, and ZIP + 4

RBZ LLP

11755 Wilshire Blvd Suite 900

Los Angeles, CA 900251506

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SCHEDULE A (Form 990 or 990EZ)

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 LOS ANGELES

Employer identification number
95-2408623

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
STEPHANIE BARLOW KIMURA 400 WEST 30TH STREET LOS ANGELES, CA 90007	DIRECT GP 40 00	102,510	7,875	0
SALLY BLOWITZ 400 WEST 30TH STREET LOS ANGELES, CA 90007	VP DEVELOPMENT 40 00	137,741	3,320	0
ROSA GALLARDO 400 WEST 30TH STREET LOS ANGELES, CA 90007	MLCIV 40 00	118,076	7,852	0
MARY GATTER 400 WEST 30TH STREET LOS ANGELES, CA 90007	MED 40 00	101,866	7,376	0
ADRIANNE BLACK 400 WEST 30TH STREET LOS ANGELES, CA 90007	VP CLIENT SRVS 40 00	128,261	10,675	0
Total number of other employees paid over $50,000 ▶	67			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services** (See page 2 of the instructions. List each one (whether individual 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
MANUELA MEDEIROS GARDEN HOUSE 17209 CORTNER AVE CERRITOS, CA 90703	CONSULTING	81,419
JEC CONSULTING 5940 CHESEBRO RD AGOURA HILLS, CA 91302	CONSULTING	130,845
DEBORAH NUCATOLA IMAGYN INC 400 WEST 30TH STREET LOS ANGELES, CA 90007	CLINICIAN	203,180
TOMKO WOLL 8563 VENICE BLVD LOS ANGELES, CA 90034	ARCHITECTURAL	306,791
VALLORIE SAULSBERRY MD 400 WEST 30TH STREET LOS ANGELES, CA 90007	CLINICIAN	316,348
Total number of others receiving over $50,000 for professional services ▶		

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 individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SYSTEM INTEGRATION 6445 N SEPULVEDA BLVD STE 200 VAN NUYS, CA 91411	IT	207,440
ENVIRONMENTAL SERVICES PO BOX 11173 SANTA ANA, CA 92711	JANITORIAL	423,763
SOLUTIONS AND MORE 1050 E CYPRESS ST COVINA, CA 91724	IT	206,387
ANESTHETISTS OF LOS ANGELES 287 ARGONNE AVE LONG BEACH, CA 90803	ANESTHESIA	452,969
GLUCK BUILDING CO 26901 AGOURA RD STE 100 CALABASAS HILLS, CA 91301	GENERAL CONTRACTOR	2,031,285
Total number of other contractors receiving over $50,000 for other services ▶	13	

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, include 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 ▶$ 592,814 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1	Yes	
	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			
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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	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)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year	▶		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax 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	▶		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	▶		

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 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 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(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? Yes	No	(e) Amount of support?
Total				▶	

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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)	10,054,307	7,004,143	13,637,837	7,376,635	38,072,922
16	Membership fees received					0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	23,399,066	17,267,832	16,473,399	13,065,280	70,205,577
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	587,801	394,871	192,054	100,429	1,275,155
19	Net income from unrelated business activities not included in line 18					0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23	Total of lines 15 through 22	34,041,174	24,666,846	30,303,290	20,542,344	109,553,654
24	Line 23 minus line 17	10,642,108	7,399,014	13,829,891	7,477,064	39,348,077
25	Enter 1% of line 23	340,412	246,668	303,033	205,423	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a** 786,962

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 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 4,133,590

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 39,348,077

d Add Amounts from column (e) for lines 18 1,275,155 19 0 22 26b 4,133,590 ▶ **26d** 5,408,745

e Public support (line 26c minus line 26d total) ▶ **26e** 33,939,332

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 8625 00 %

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

(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

(2006) ____ (2005) ____ (2004) ____ (2003) ____

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ **27c** 0

d Add Line 27a total ____ and line 27b total ____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g**

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h**

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)

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

		Line	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?	29		
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?	30		
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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		9,947
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		582,867
38 Total lobbying expenditures (add lines 36 and 37)	**38**		592,814
39 Other exempt purpose expenditures	**39**		30,439,692
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		31,032,506
41 Lobbying nontaxable amount Enter the amount from the following table—	**41**		1,000,000
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		250,000
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

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

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

4-Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	592,814	633,614	704,055	350,000	2,280,483
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures	9,947	11,273	84,238		105,458

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)			
c Media advertisements			0
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.**)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	**51a(i)**	Yes	
(ii) Other assets	**a(ii)**		No
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		No
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		No
(iii) Rental of facilities, equipment, or other assets	**b(iii)**	Yes	
(iv) Reimbursement arrangements	**b(iv)**	Yes	
(v) Loans or loan guarantees	**b(v)**		No
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**	Yes	

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
51c		PPAP ADVOCACY PROJECT	PPLA MAINTAINS PPAP'S DONOR DATABASE
51b(iv)		PPAP ADVOCACY PROJECT	PPAP REIMBURSES PPLA FOR EMPLOYEES' TIME AND OTHER RESOURCES
51b(iii)		PPAP ADVOCACY PROJECT	PPAP LEASES FACILITIES FROM PPLA
51a(i)	397,888	PPAP ADVOCACY PROJECT	PLANNED PARENTHOOD LOS ANGELES ("PPLA") MAKES A GRANT TO THE PLANNED PARENTHOOD LOS ANGELES COUNTY ADVOCACY PROJECT ("PPAP") TO CARRY OUT ITS EDUCATIONAL AND LOBBYING ACTIVITIES IN THE GREATER LOS ANGELES REGION

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☑ **Yes** ☐ **No**

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
PPAP ADVOCACY PROJECT	501 C 4	THERE ARE BOARD OF DIRECTOR MEMBERS COMMON TO BOTH ORGANIZATIONS

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
EIN: 95-2408623
Name: PLANNED PARENTHOOD LOS ANGELES

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a UTILITIES	**43a**	187,805	169,050	13,998	4,757
b TAXES AND LICENSES	**43b**	40,170	35,921	2,299	1,950
c SUPPLIES - MEDICAL	**43c**	5,837,432	5,837,150	217	65
d PROFESSIONAL SERVICES	**43d**	1,179,859	705,185	226,399	248,275
e MISCELLANEOUS	**43e**	53,955	42,942	5,479	5,534
f MARKETING	**43f**	131,365	9,769	94,736	26,860
g LAB TESTS	**43g**	150,868	150,868		
h INSURANCE	**43h**	493,689	465,581	13,474	14,634
i EDUCATION MATERIALS	**43i**	24,699	24,511	135	53
j DUES	**43j**	405,785	314,031	64,494	27,260
k CLINICIANS	**43k**	1,412,205	1,412,205		
l CASUAL LABOR	**43l**	591,473	478,838	48,396	64,239
m CAMPAIGN FOR TEEN SAFETY	**43m**	500,000	500,000		
n BANK CHARGES	**43n**	119,512	12,164	107,082	266
o ADVERTISING	**43o**	260,785	206,460	42,064	12,261

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
KIMBERLY J WEST MD 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
ALLAN MUTCHNIK 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
ROBERT SALVARIA 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
PAULA RUDNICK 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
STANLEY MORRIS 400 WEST 30TH STREET LOS ANGELES, CA 90007	VICE CHAIR 0 00	0		
LINDSEY KOZBERG 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
ANDREW GALKER 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
DAVID NICKOLL 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
DIANE ENGLISH 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
RICHARD CAIN 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
PATRICIA BURNSIDE 400 WEST 30TH STREET LOS ANGELES,CA 90007	Director 0 00	0		
SHERRY BUCH 400 WEST 30TH STREET LOS ANGELES,CA 90007	Director 0 00	0		
BENJAMIN TYSCH 400 WEST 30TH STREET LOS ANGELES,CA 90007	CAO 40 00	149,423	2,838	
BOBBY LEE 400 WEST 30TH STREET LOS ANGELES,CA 90007	President 40 00	156,184	4,749	
LUCY T EISENBERG ESQ 400 WEST 30TH STREET LOS ANGELES,CA 90007	Director 0 00	0		
LYNNE M DOLL 400 WEST 30TH STREET LOS ANGELES,CA 90007	Director 0 00	0		
GISSELLE ACEVEDO 400 WEST 30TH STREET LOS ANGELES,CA 90007	Director 0 00	0		
ALEJANDRO NICHOLAS MAYORKAS 400 WEST 30TH STREET LOS ANGELES,CA 90007	Secretary 0 00	0		
SHARON GRAVES 400 WEST 30TH STREET LOS ANGELES,CA 90007	Treasurer 0 00	0		
RACHEL ROTH 400 WEST 30TH STREET LOS ANGELES,CA 90007	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
ANN CHRISTIE PETERSEN 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
CAROL ANN LEIF 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
STEVEN D PERSKY CFA 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
LOIS EVANS 400 WEST 30TH STREET LOS ANGELES, CA 90007	VICE CHAIR 0 00	0		
MELISSA PAPP-GREEN 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
SUZANNE E CURTIS 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
ERIC STERN 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
R RUSSELL MEYER 400 WEST 30TH STREET LOS ANGELES, CA 90007	Chairman 0 00	0		
LISA MARIE BOYKIN ESQ 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		
MARY-JANE WAGLE 400 WEST 30TH STREET LOS ANGELES, CA 90007	President & CEO 40 00	225,692	63	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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
RAQUEL D ARIAS MD 400 WEST 30TH STREET LOS ANGELES, CA 90007	Director 0 00	0		

TY 2007 Cash Grants Paid Schedule

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Class of Activity	Recipient's name	Address	Amount	Relationship
	PLANNED PARENTHOO LA CTY ADVOC PROJ	400 WEST 30TH STREET LOS ANGELES, CA 90007	397,888	

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name:	PLANNED PARENTHOOD LOS ANGELES	
EIN:	95-2408623	
Software ID:	07000211	
Software Version:	2007v2.4	
Gross Sales Price:		7,185,303
Basis:		6,189,279
Sales Expenses:		
Total (net):		

TY 2007 General Explanation Attachment

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Identifier	Return Reference	Explanation
		THE ORGANIZATION'S INTERESTS IN BIXBY OIL AND GAS LLC WERE SOLD DURING THE TAX YEAR AS A RESULT, 2007 WILL BE THE FINAL YEAR FOR THE FILING OF THE FORM 990T

Identifier	Return Reference	Explanation
		NOTE 1======FORM 990, PAGE 2, PART II, LINE 22GRANTS AND ALLOCATIONSREFERENCED FROM STATEM ENT 4PLANNED PARENTHOOD LOS ANGELES COUNTY ADVOCACY PROJECT1920 MARENGO STREETLOS ANGELES, CA 90033NOTE 2======FORM 990, SCHEDULE A, PAGE 6, PART VII, LINE 52B, COLUMN ANAME OF ORG ANIZATIONPLANNED PARENTHOOD LOS ANGELES COUNTY ADVOCACY PROJECT ("PPAP")

TY 2007 Investments - Securities Schedule

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Description	Book Value	Cost/FMV
MONEY MARKET MUTUAL FUNDS	7,657,584	F
INTERNATIONAL MUTUAL FUNDS	1,740,081	F
FIXED INCOME FUNDS	3,955,878	F
COMMON STOCK	3,830,037	F

TY 2007 Land etc. Schedule

Name: PLANNED PARENTHOOD LOS ANGELES
EIN: 95-2408623
Software ID: 07000211
Software Version: 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	5,916,724		5,916,724
Improvements	6,074,179	3,679,594	2,394,585
Buildings	588,228	420,656	167,572
Machinery and Equipment	1,510,849	1,054,999	455,850
Furniture and Fixtures	8,424,322	1,771,710	6,652,612
Automobiles / Transportation Equipment	111,571	108,084	3,487

TY 2007 Other Changes in Net Assets Schedule

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	-1,268,806
PARTNERSHIP PASSTHROUGH	-329,140
LOSS FROM PARTNERSHIP	-7,658

TY 2007 Other Revenues Included Schedule

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
LOSS FROM PARTNERSHIP	-7,658

TY 2007 Other Revenues Not Included Schedule

Name: PLANNED PARENTHOOD LOS ANGELES
EIN: 95-2408623
Software ID: 07000211
Software Version: 2007v2.4

Description	Amount
PASS THROUGH INCOME FROM K-1 (BIXBY OIL)	329,140

TY 2007 Special Events Schedule

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
PPFA GALA	1,000	285	715	715	
PP YOUNG PROFESSIONALS	36,672	13,274	23,398	23,398	
LOS PADRINOS	85,100	58,126	26,974	26,974	
FOOD FARE	584,992	408,619	176,373	176,373	

TY 2007 Contractor Compensation Explanation

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
SYSTEM INTEGRATION	
SOLUTIONS AND MORE	
GLUCK BUILDING CO	
ENVIRONMENTAL SERVICES	
ANESTHETISTS OF LOS ANGELES	

TY 2007 Contractor Compensation Explanation

Name: PLANNED PARENTHOOD LOS ANGELES

EIN: 95-2408623

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
VALLORIE SAULSBERRY MD	
TOMKO WOLL	
MANUELA MEDEIROS GARDEN HOUSE	
JEC CONSULTING	
DEBORAH NUCATOLA IMAGYN INC	

TY 2007 Employee Compensation Explanation

Name: PLANNED PARENTHOOD LOS ANGELES
EIN: 95-2408623
Software ID: 07000211
Software Version: 2007v2.4

Employee	Explanation
STEPHANIE BARLOW KIMURA	
SALLY BLOWITZ	
ROSA GALLARDO	
MARY GATTER	
ADRIANNE BLACK	