

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: PLANNED PARENTHOOD OF INDIANA, INC. D Employer identification number: 35-0874276. E Telephone number: 317-637-4343. F Accounting method: Cash, Accrual.

G Website: HTTP://WWW.PPIN.ORG. J Organization type: 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. M Check if the organization is not required to attach Sch. B.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 20,365,460.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions received, program service revenue, membership dues, investment income, and net assets at beginning and end of year.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

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 \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	482,163.	247,904.	167,879.	66,380.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	AS AMENDED			
26 Salaries and wages of employees not included on lines 25a, b, and c	6,388,437.	5,632,027.	565,809.	190,601.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	1,434,902.	1,294,686.	81,672.	58,544.
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	47,479.		47,479.	
32 Legal fees	1,917.		1,917.	
33 Supplies	536,214.	516,865.	14,372.	4,977.
34 Telephone	199,003.	178,376.	17,033.	3,594.
35 Postage and shipping	123,452.	97,267.	11,077.	15,108.
36 Occupancy	1,343,863.	1,233,471.	72,961.	37,431.
37 Equipment rental and maintenance	120,597.	96,624.	16,661.	7,312.
38 Printing and publications	121,840.	59,881.	23,753.	38,206.
39 Travel	96,021.	89,794.	2,421.	3,806.
40 Conferences, conventions, and meetings	90,599.	56,297.	15,776.	18,526.
41 Interest	46,533.	44,808.	1,725.	
42 Depreciation, depletion, etc. (attach schedule)	434,179.	402,065.	23,158.	8,956.
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 7	4,674,574.	4,272,380.	322,659.	79,535.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	16,141,773.	14,222,445.	1,386,352.	532,976.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

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

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 11	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	258,457.
b SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	13,282,627.
c SEE STATEMENT 10 AS AMENDED	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	681,361.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	14,222,445.

Form 990 (2007)

Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	-1.	45
	46 Savings and temporary cash investments	2,159,760.	46 1,401,170.
	47 a Accounts receivable	47a 1,030,925.	
	b Less allowance for doubtful accounts	47b 222,222.	47c 885,836.
	48 a Pledges receivable	48a 1,260,811.	
	b Less allowance for doubtful accounts	48b 133,581.	48c 1,127,230.
	49 Grants receivable	229,620.	49 277,214.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable STMT 12	51a 250,000.	
	b Less: allowance for doubtful accounts	51b	51c 250,000.
	52 Inventories for sale or use	846,914.	52 848,054.
	53 Prepaid expenses and deferred charges	174,806.	53 198,614.
	54 a Investments - publicly-traded securities STMT 14 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,669,116.	54a 5,311,162.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis STMT 13			
b Less accumulated depreciation	55b	55c	
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 9,383,870.		
b Less accumulated depreciation	57b 4,361,279.	57c 5,350,868.	
58 Other assets, including program-related investments (describe SEE STATEMENT 15)	410,966.	58 486,872.	
59 Total assets (must equal line 74) Add lines 45 through 58	14,894,545.	59 15,731,610.	
Liabilities	60 Accounts payable and accrued expenses	897,508.	60 1,020,548.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable	728,207.	64b
	65 Other liabilities (describe SEE STATEMENT 16)	194,508.	65 96,974.
66 Total liabilities. Add lines 60 through 65	1,820,223.	66 1,117,522.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	11,451,627.	67 10,508,964.
	68 Temporarily restricted	160,624.	68 2,526,828.
	69 Permanently restricted	1,462,071.	69 1,578,296.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	13,074,322.	73 14,614,088.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	14,894,545.	74 15,731,610.	

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	18483173.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	-619,094.	
2	Donated services and use of facilities	b2	355,508.	
3	Recoveries of prior year grants	b3		
4	Other (specify) SEE STATEMENT 17	b4	192,783.	
	Add lines b1 through b4			b -70,803.
c	Subtract line b from line a			c 18553976.
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): INVESTMENT EXPENSE	d2	25,063.	
	Add lines d1 and d2			d 25,063.
e	Total revenue (Part I, line 12) Add lines c and d			e 18579039.

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

a	Total expenses and losses per audited financial statements		a	16943406.
b	Amounts included on line a but not on Part I, line 17.			
1	Donated services and use of facilities	b1	355,508.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): SEE STATEMENT 18	b4	192,783.	
	Add lines b1 through b4			b 548,291.
c	Subtract line b from line a			c 16395115.
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): INVESTMENT EXPENSE	d2	25,063.	
	Add lines d1 and d2			d 25,063.
e	Total expenses (Part I, line 17) Add lines c and d			e 16420178.

AS AMENDED

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 STATEMENT 19		472,700.	9,463.	0.

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

Table with 5 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. Answer: 24. Row 75b: 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). Answer: X. Row 75c: 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." Answer: X. Row 75d: Does the organization have a written conflict of interest policy? Answer: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE. Row 2: AS AMENDED.

Part VI Other Information (See the instructions)

Table with 5 columns: Question, Yes, No. Row 76: Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change. Answer: X. Row 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. Answer: X. Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Answer: X. Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Answer: X. Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. Answer: X. Row 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? Answer: X. Row 80b: If "Yes," enter the name of the organization. Answer: SEE STATEMENT 20. Row 81a: Enter direct and indirect political expenditures (See line 81 instructions) and check whether it is [] exempt or [] nonexempt. Answer: 0. Row 81b: Did the organization file Form 1120-POL for this year? Answer: X.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 355,508.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter. Amount of tax on line 89c, above, 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?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed IN		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	215
91 a	The books are in care of SUZANNAH WILSON OVERHOLT Telephone no. 317-637-4343 Located at 200 SOUTH MERIDIAN ST STE 400, INDIANAPOLIS, IN ZIP + 4 46225		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue.					
a PATIENT FEES					10,527,646.
b					
c					
d					
e					
f Medicare/Medicaid payments					1,110,264.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	32,291.	
96 Dividends and interest from securities			14	108,355.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-45,916.			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	31,343.	
101 Net income or (loss) from special events			01	181,128.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER RELATED REVENUE					37,695.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-45,916.		353,117.	11,675,605.
105 Total (add line 104, columns (B), (D), and (E))					11,982,806.

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).
103A	FEES RELATING TO THE EXEMPT PURPOSE OF THE ENTITY
93	PATIENTS PAY FEES IN EXCHANGE FOR MEDICAL SERVICES
93F	MEDICARE AND MEDICAID PAY FEES IN EXCHANGE FOR MEDICAL SERVICES PROVIDED

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

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

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

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

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

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

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

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

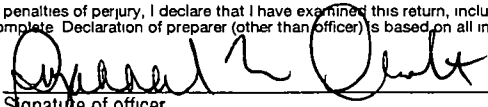
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

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

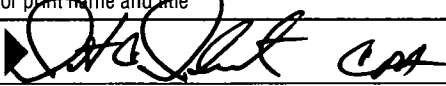
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- AS AMENDED			
b	-----			
c	-----			
Totals				

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

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

Please Sign Here:  Date: 4/9/10

Type or print name and title: SUZANNAH WILSON OVERHOLT, VP OF FINANCE AND ADMINISTRATION

Paid Preparer's Use Only: Preparer's signature:  Date: 4-9-10 Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): 70059243

Firm's name (or yours if self-employed), address, and ZIP + 4: KSM BUSINESS SERVICES, INC. P.O. BOX 40857 INDIANAPOLIS, IN 46240-0857

EIN: Phone no.: (317) 580-2000

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization PLANNED PARENTHOOD OF INDIANA, INC.	Employer identification number 35 0874276
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MICHAEL S KING 200 SOUTH MERIDIAN STREET STE 400, IN	MEDICAL DIRECTOR 40.00	287,059.	8,612.	0.
PEGGY RYAN 200 SOUTH MERIDIAN STREET STE 400, IN	DIRECTOR 40.00	68,537.	2,056.	0.
SHARON TAGGART 200 SOUTH MERIDIAN STREET STE 400, IN	DIRECTOR 40.00	69,281.	2,078.	0.
PATRICIA V OLSON 200 SOUTH MERIDIAN STREET STE 400, IN	DIRECTOR 40.00	67,288.	2,019.	0.
KAREN AMICK 200 SOUTH MERIDIAN STREET STE 400, IN	NURSE PRACTITIONER 40.00	64,321.	1,929.	0.
Total number of other employees paid over \$50,000 ▶	18			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CENTER FOR DISEASE DETECTION P.O. BOX 659509, SAN ANTONIO, TX 78265	LAB WORK	422,055.
DR. MARSHALL D. LEVINE 680 N LAKESHORE DRIVE #402, CHICAGO, IL 60611	MEDICAL CONSULTING	90,435.
LONG PRINTING SERVICES 7802 E 88TH STREET, INDIANAPOLIS, IN 46256	PRINTING SERVICES	80,171.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HIRONS & COMPANY 555 NORTH MORTON STREET, BLOOMINGTON, IN 47404	PUBLIC RELATIONS	209,616.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>117,389.</u> \$ <u>100,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38A VI-A, LINE 38B Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
	b Did the organization have a section 403(b) annuity plan for its employees?		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966?	N/A	
	c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
	d Enter the total number of donor advised funds owned at the end of the tax year		N/A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,136,931.	5,310,224.	3,194,167.	3,307,743.	15,949,065.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13036143.	13279782.	12885088.	12778028.	51,979,041.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	155,124.	42,962.	104,420.	37,010.	339,516.
19 Net income from unrelated business activities not included in line 18				8,678.	8,678.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	54,607.	61,129.	51,428.	46,986.	214,150.
23 Total of lines 15 through 22	17382805.	18694097.	16235103.	16178445.	68,490,450.
24 Line 23 minus line 17	4,346,662.	5,414,315.	3,350,015.	3,400,417.	16,511,409.
25 Enter 1% of line 23	173,828.	186,941.	162,351.	161,784.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 330,228.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					26b 2,048,030.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,511,409.
d Add: Amounts from column (e) for lines: 18 339,516. 19 8,678. 22 214,150. 26b 2,048,030.					26d 2,610,374.
e Public support (line 26c minus line 26d total)					26e 13,901,035.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.1905%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

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 a 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	

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

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	117,389.	100,000.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	0.
38	Total lobbying expenditures (add lines 36 and 37)	117,389.	100,000.
39	Other exempt purpose expenditures	14,310,257.	14,222,445.
40	Total exempt purpose expenditures (add lines 38 and 39)	14,427,646.	14,322,445.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -	The lobbying nontaxable amount is -	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
41		871,382.	866,122.
42	Grassroots nontaxable amount (enter 25% of line 41)	217,846.	216,531.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0.	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0.	0.
SEE STATEMENT 23			
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

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4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	871,382.	845,516.	856,120.	833,066.	3,406,084.
46					5,109,126.
47	117,389.	100,000.	99,600.	166,600.	483,589.
48	217,846.	211,379.	214,060.	208,267.	851,552.
49					1,277,328.
50	117,389.	100,000.	99,600.	116,600.	433,589.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)	X	
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c	X	

- (i) Cash
- (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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
		PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	SEE STATEMENT 24
AI	100,000.	PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	
C	89,012.	PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	

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52 a 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
PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	501(C)(4)	SEE STATEMENT 25

Planned Parenthood of Indiana, Inc.
FEIN : 35-0874276
Reason for Amended Return
FYE: 6/30/08

Return is amended to update box F, accounting method, on page 1 to be accrual. The original return was marked cash in error.

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Depreciation and Amortization 990
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return PLANNED PARENTHOOD OF INDIANA, INC.	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 35-0874276
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	AS AMENDED
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	415,826.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		46,453.	3 YR	MM	SL	11,521.
b 5-year property		20,467.	5 YR	MM	SL	3,554.
c 7-year property						
d 10-year property		34,549.	10 YR	MM	SL	1,956.
e 15-year property		23,350.	15 YR	MM	SL	1,322.
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	434,179.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING IN MERRILLVILLE, IN		1	29,199.
TOTAL TO FORM 990, PART I, LINE 6A			29,199.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		36,670.	
MAINTENANCE		11,893.	
JANITORIAL SERVICES		3,293.	
UTILITIES		17,043.	
PEST CONTROL		608.	
INSURANCE		5,231.	
TAXES		377.	
- SUBTOTAL -	1		75,115.
TOTAL TO FORM 990, PART I, LINE 6B			75,115.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
INVESTMENTS	1,624,981.	1,593,638.	0.	31,343.	
TO FORM 990, PART I, LINE 8	1,624,981.	1,593,638.	0.	31,343.	

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
75TH ANNIVERSARY EVENT	108,527.		108,527.	47,404.	61,123.
GATHERING OF GODDESSES	179,136.		179,136.	66,647.	112,489.
SHARE THE VIEW	11,133.		11,133.	3,617.	7,516.
TO FM 990, PART I, LINE 9	298,796.		298,796.	117668.	181,128.

AS AMENDED

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 5

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
PLANNED PARENTHOOD FEDERATION OF AMERICA	434 W 33RD STREET NEW YORK, NY 10001	178,405.
PURPOSE OF PAYMENT		
DUES TO NATIONAL ORGANIZATION		178,405.

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
PLANNED PARENTHOOD ADVOCATES OF INDIANA	200 SOUTH MERIDIAN STREET INDIANAPOLIS, IN 46225	100,000.
PURPOSE OF PAYMENT		
PAYMENT TO AFFILIATE		100,000.
TOTAL TO FORM 990, PART I, LINE 16		278,405.

AS AMENDED

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-619,095.
TOTAL TO FORM 990, PART I, LINE 20	-619,095.

FORM 990 OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES	297,937.	180,231.	50,331.	67,375.
CONTRACEPTIVES	2,639,559.	2,639,559.		
MISCELLANEOUS	441,256.	402,345.	27,519.	11,392.
INSURANCE	257,283.	252,718.	4,322.	243.
DUES	21,419.	5,092.	15,902.	425.
ADVERTISING	10,666.	10,666.		
PATIENT RECRUITMENT	225,334.	749.	224,585.	

LAB FEES	780,770.	780,770.		
CAPITAL CAMPAIGN	350.	250.		100.
TOTAL TO FM 990, LN 43	4,674,574.	4,272,380.	322,659.	79,535.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

PPIN'S PUBLIC POLICY AREA FOCUSES ON PROTECTING REPRODUCTIVE RIGHTS VIA GRASSROOTS ORGANIZING, PUBLIC DEMONSTRATION, AND OUR WORK AT THE LEGISLATIVE LEVEL TO KEEP SUPPORTERS AND PUBLIC OFFICIALS INFORMED AND EDUCATED. PLANNED PARENTHOOD BELIEVES DECISIONS ON REPRODUCTIVE HEALTH ARE PRIVATE AND SHOULD BE MADE BY EACH INDIVIDUAL WOMAN WITH HER DOCTOR AND HER FAMILY, NOT GOVERNMENT OR POLITICIANS. PPIN SUPPORTS PREVENTION LEGISLATION THAT ENSURES COMPREHENSIVE SEXUALITY EDUCATION IN OUR SCHOOLS, INCREASED FAMILY PLANNING FUNDING, AND CONTINUED FREEDOM OF REPRODUCTIVE CHOICES.

AS AMENDED GRANTS

EXPENSES

TO FORM 990, PART III, LINE A

258,457.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE TWO

LAST YEAR, PPIN'S MEDICAL STAFF PROVIDED SAFE, AFFORDABLE, CONFIDENTIAL HEALTH CARE - INCLUDING PAP TESTS FOR CERVICAL CANCERS, BREAST EXAMS, AND SCREENINGS AND TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS - TO MORE THAN 107,000 WOMEN AND MEN AT 35 HEALTH CENTERS ACROSS INDIANA. PPIN KEEPS A RELENTLESS FOCUS ON REDUCING THE NUMBER OF TEENAGERS WHO GET PREGNANT EACH DAY IN INDIANA; 31 ON AVERAGE, 10 OF WHOM ARE UNDER THE AGE OF 18. THE MAJORITY OF PPIN CLIENTS ARE LOW-INCOME WOMEN; 75 PERCENT ARE LIVING AT OR BELOW 150 PERCENT OF THE FEDERAL POVERTY LEVEL. AN INCREASING NUMBER HAVE NO HEALTH INSURANCE. FOR MANY, PPIN IS THE SOLE PROVIDER OF THEIR REPRODUCTIVE HEALTH CARE.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE B

13,282,627.

AS AMENDED

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

DESCRIPTION OF PROGRAM SERVICE THREE

PLANNED PARENTHOOD'S EDUCATION SERVICES BRING HONEST, ACCURATE INFORMATION TO PARENTS, TEENS AND PROFESSIONALS ON ABSTINENCE, BIRTH CONTROL AND RESPONSIBLE DECISION MAKING TO PROMOTE GOOD REPRODUCTIVE HEALTH FOR WOMEN AND MEN. PPIN IS A MEMBER OF GET REAL, INDIANA! (WWW.GETREALINDIANA.ORG)-A COALITION OF 39 HOOSIER ORGANIZATIONS THAT SUPPORT MEDICALLY ACCURATE, AGE-APPROPRIATE SEXUALITY EDUCATION FOR INDIANA STUDENTS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		681,361.
AS AMENDED		

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT 11

EXPLANATION

PLANNED PARENTHOOD OF INDIANA IS UNIQUELY SUITED TO CARRY OUT ITS MISSION: TO PROTECT, PROVIDE AND PROMOTE REPRODUCTIVE HEALTH. FOCUSED ON HELPING WOMEN AND MEN MAKE LIFELONG RESPONSIBLE AND INFORMED CHOICES, PLANNED PARENTHOOD'S SERVICES OVERWHELMINGLY FOCUS ON PREVENTION.

FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 12

BORROWER'S NAME TERMS OF REPAYMENT

PLANNED PARENTHOOD FEDERATION OF AMERICA

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
06/30/08	06/13/13	250,000.	7.00%	0.

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
AFFILIATE		0.	250,000.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	250,000.

AS AMENDED

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 13

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET FUNDS	FMV			266,695.	266,695.
MUTUAL FUNDS	FMV			1,437,732.	1,437,732.
CORPORATE BONDS	FMV		227,651.		227,651.
EQUITIES	FMV	3,112,674.			3,112,674.
TO FORM 990, LINE 54A, COL B		3,112,674.	227,651.	1,704,427.	5,044,752.

FORM 990 GOVERNMENT SECURITIES STATEMENT 14

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
GOVERNMENT OBLIGATIONS	FMV	266,410.		266,410.
TOTAL TO FORM 990, LINE 54A, COL B		266,410.		266,410.

FORM 990 OTHER ASSETS STATEMENT 15

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CONTRIBUTION RECEIVABLE FROM CHARITABLE REMAINDER TRUST	266,963.	383,188.
BENEFICIAL INTEREST IN ASSETS HELD BY PPFA	144,003.	103,684.
TOTAL TO FORM 990, PART IV, LINE 58	410,966.	486,872.

AS AMENDED

FORM 990 OTHER LIABILITIES STATEMENT 16

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SELF INSURANCE LIABILITY	104,722.	33,485.
REMAINDER INTERSET IN LIFE ESTATE LIABILITY	89,786.	63,489.
TOTAL TO FORM 990, PART IV, LINE 65	194,508.	96,974.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 17

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSE	117,668.
RENTAL EXPENSES	75,115.
TOTAL TO FORM 990, PART IV-A	192,783.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 18
DESCRIPTION		AMOUNT
SPECIAL EVENT EXPENSE		117,668.
RENTAL EXPENSE		75,115.
TOTAL TO FORM 990, PART IV-B		192,783.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 19

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RABBI JONATHAN ADLAND 200 SOUTHWEST MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
GEORGE BAKKER 200 SOUTHWEST MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	SECRETARY 2.00	0.	0.	0.
ALICE BENNETT 200 SOUTHWEST MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
ELIZABETH CHAPA 200 SOUTHWEST MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
STEVEN CLAPP 200 SOUTHWEST MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
BETH EILER 200 SOUTHWEST MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.

AS AMENDED

CLAUDETTE EINHORN 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	CHAIR ELECT 2.00	0.	0.	0.
JEAN HADLEY 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
JAN HAYDEN 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
CHERYL KUZMAN 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
ROSE MAYS 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
CATHY MILLER 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	AS AMENDED BOARD MEMBER 1.00	0.	0.	0.
SAMANTHA MILLER 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
YVONNE PERKINS 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	TREASURER 2.00	0.	0.	0.
MARYA ROSE 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
FRED SCHLEGEL 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.

ALICE SCHLOSS 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
CYNTHIA SCHMIDT 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
DEBORAH SIMON 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
DORIS SIMS 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	CHAIR 2.00	0.	0.	0.
NANCY CHESTERMAN SMITH 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
JEFFRY THIGPEN 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
JULIE THOMAS 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
MARYANN THOMPSON 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	BOARD MEMBER 1.00	0.	0.	0.
BETTY COCKRUM 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	PRESIDENT AND CEO 40.00	154,327.	3,893.	0.
CHRYSTAL STRUBEN-HALL 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	VP OF DEVELOPMENT & PUBLIC AFFAIRS 40.00	81,292.	0.	0.

AS AMENDED

CONNIE MOLLAND 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	VP OF FINANCE & ADMINISTRATION	40.00	86,373.	2,395.	0.
KATHLEEN BALDWIN 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	VP OF EDUCATION & TRAINING	40.00	64,322.	583.	0.
LIZ CARROLL 200 SOUTH MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46225	VP OF PATIENT SERVICES	40.00	86,386.	2,592.	0.
TOTALS INCLUDED ON FORM 990, PART V-A			<u>472,700.</u>	<u>9,463.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 20
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	X	

AS AMENDED

GENERAL EXPLANATION

STATEMENT 21

ELECTION TO NOT CLAIM SPECIAL 50% DEPRECIATION ALLOWANCE

UNDER IRC SEC. 168(K)(2)(A)(III)(I), TAXPAYER HEREBY ELECTS TO NOT CLAIM THE SPECIAL DEPRECIATION ALLOWANCE FOR THE FOLLOWING ASSET CLASSES PLACED IN SERVICE AFTER DEC. 31, 2007:

ALL ELIGIBLE CLASSES OF PROPERTY.

SCHEDULE A

OTHER INCOME

STATEMENT 22

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER REVENUE	54,607.	61,129.	51,428.	46,986.
TOTAL TO SCHEDULE A, LINE 22	54,607.	61,129.	51,428.	46,986.

AS AMENDED

SCHEDULE A AFFILIATED GROUP LOBBYING EXPENDITURES STATEMENT 23
PART VI-A

NAME OF AFFILIATED GROUP MEMBER	EMPLOYER ID NUMBER
PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.	35-1959672
AFFILIATED GROUP MEMBER ADDRESS	ELECTING MEMBER
200 SOUTH MERIDIAN STREET NO. # 400 INDIANAPOLIS, IN 46225	NO

LIMITS ON LOBBYING EXPENDITURES:			LINE
TOTAL LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION (GRASSROOTS LOBBYING)	17,389.		36
TOTAL LOBBYING EXPENDITURES TO INFLUENCE A LEGISLATIVE BODY (DIRECT LOBBYING)	0.		37
TOTAL LOBBYING EXPENDITURES (ADD LINES 36 AND 37) . . .	17,389.		38
OTHER EXEMPT PURPOSE EXPENDITURES	87,812.		39
TOTAL EXEMPT PURPOSE EXPENDITURES (ADD LINES 38 AND 39) . . .	105,201.		40
LOBBYING NONTAXABLE AMOUNT. ENTER THE AMOUNT FROM THE FOLLOWING TABLE -			
IF THE AMOUNT ON LINE 40 IS-	THE LOBBYING NONTAXABLE AMOUNT IS-		
NOT OVER \$ 500,000	20% OF THE AMT ON LINE 40		
> 500,000 <= 1,000,000	100,000 + 15% > 500,000		
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000		
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000		
OVER \$17,000,000	\$1,000,000	21,040.	41
GRASSROOTS NONTAXABLE AMOUNT (ENTER 25% OF LINE 41) . . .		5,260.	42
SUBTRACT LINE 42 FROM LINE 36 (LIMIT TO ZERO)		12,129.	43
SUBTRACT LINE 41 FROM LINE 38 (LIMIT TO ZERO)		0.	44
MEMBER'S SHARE OF EXCESS LOBBYING EXPENDITURES		0.	

NAME OF AFFILIATED GROUP MEMBER

EMPLOYER ID NUMBER

PLANNED PARENTHOOD OF INDIANA, INC.

35-0874276

AFFILIATED GROUP MEMBER ADDRESS

ELECTING MEMBER

200 SOUTH MERIDIAN STREET NO. # 400
INDIANAPOLIS, IN 46225

YES

LIMITS ON LOBBYING EXPENDITURES:

		LINE
TOTAL LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION (GRASSROOTS LOBBYING)	100,000.	36
TOTAL LOBBYING EXPENDITURES TO INFLUENCE A LEGISLATIVE BODY (DIRECT LOBBYING)	0.	37
TOTAL LOBBYING EXPENDITURES (ADD LINES 36 AND 37) . . .	100,000.	38
OTHER EXEMPT PURPOSE EXPENDITURES	14,222,445.	39
TOTAL EXEMPT PURPOSE EXPENDITURES (ADD LINES 38 AND 39).	14,322,445.	40

LOBBYING NONTAXABLE AMOUNT. ENTER THE AMOUNT FROM THE FOLLOWING TABLE - *AS AMENDED*

IF THE AMOUNT ON LINE 40 IS-	THE LOBBYING NONTAXABLE AMOUNT IS-		
NOT OVER \$ 500,000	20% OF THE AMT ON LINE 40		
> 500,000 <= 1,000,000	100,000 + 15% > 500,000		
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000		
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000		
OVER \$17,000,000	\$1,000,000	866,122.	41

GRASSROOTS NONTAXABLE AMOUNT (ENTER 25% OF LINE 41) . .	216,531.	42
SUBTRACT LINE 42 FROM LINE 36 (LIMIT TO ZERO)	0.	43
SUBTRACT LINE 41 FROM LINE 38 (LIMIT TO ZERO)	0.	44
MEMBER'S SHARE OF EXCESS LOBBYING EXPENDITURES	0.	

SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 24
PART VII, LINE 51, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

CONTRIBUTION

AS AMENDED

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

ALLOCATION OF EXPENSES

SCHEDULE A

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART VII, LINE 52, COLUMN (C)

STATEMENT 25

NAME OF AFFILIATED OR RELATED ORGANIZATION

PLANNED PARENTHOOD ADVOCATES OF INDIANA, INC.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

COMMON BOARD OF DIRECTORS

AS AMENDED