

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)

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 2005 calendar year, or tax year beginning APR 1, 2005 and ending MAR 31, 2006

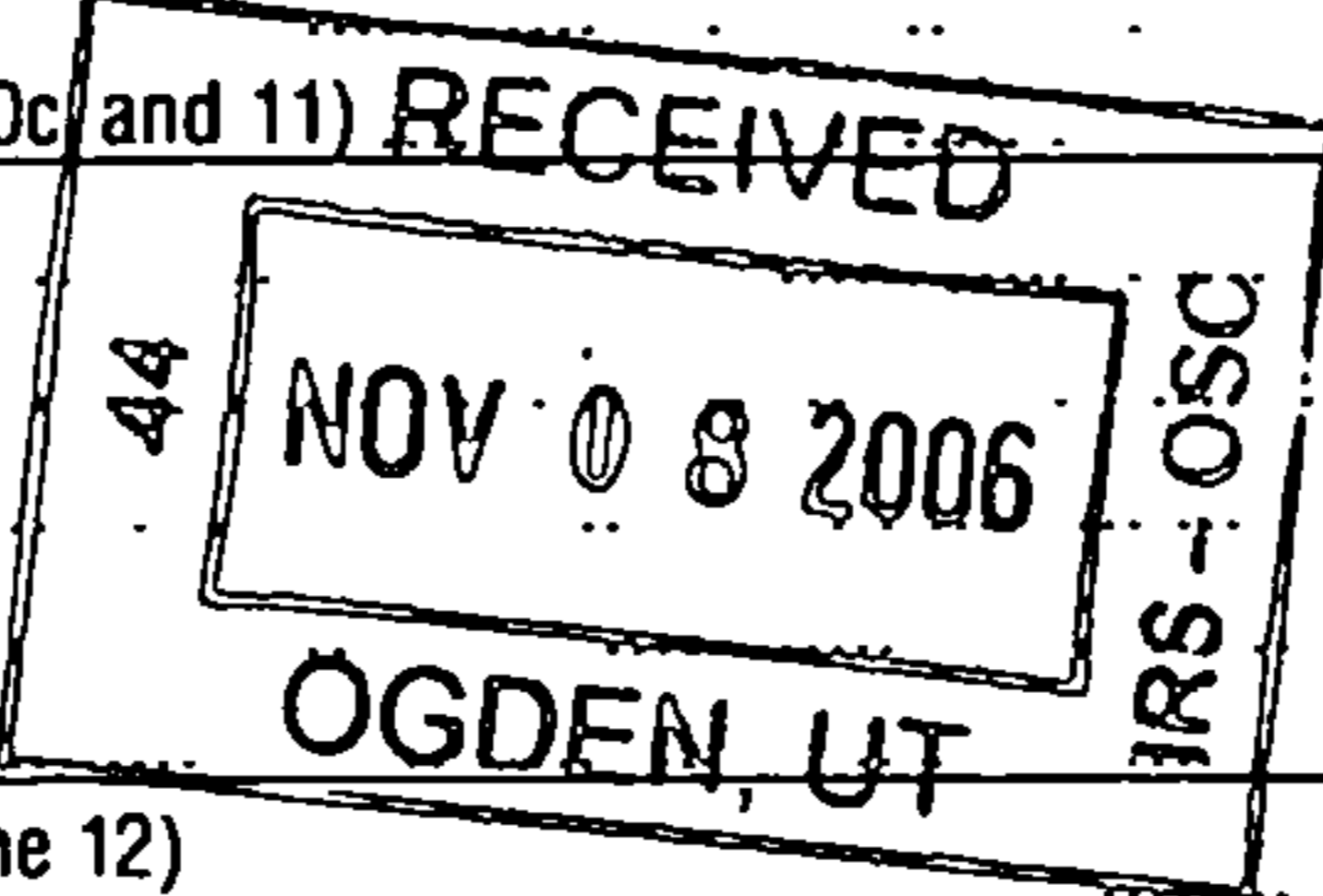
B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: PLANNED PARENTHOOD OF CT PUBLIC POLICY FUND. D Employer identification number: 06-1309773. E Telephone number: (203) 865-5158. F Accounting method: Accrual.

G Website: N/A. J Organization type: 501(c)(4). K Check here if gross receipts normally not more than \$25,000. L Gross receipts: 39,932. H and I are not applicable to section 527 organizations.

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

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received: 39,901. 2 Program service revenue including government fees and contracts. 3 Membership dues and assessments. 4 Interest on savings and temporary cash investments: 31. 5 Dividends and interest from securities. 6 a Gross rents, b Less: rental expenses, c Net rental income or (loss). 7 Other investment income. 8 a Gross amount from sales of assets other than inventory, b Less: cost or other basis and sales expenses, c Gain or (loss), d Net gain or (loss). 9 Special events and activities. 10 a Gross sales of inventory, less returns and allowances, b Less: cost of goods sold, c Gross profit or (loss). 11 Other revenue. 12 Total revenue: 39,932. 13 Program services: 35,925. 14 Management and general: 1,750. 15 Fundraising: 598. 16 Payments to affiliates. 17 Total expenses: 38,273. 18 Excess or (deficit) for the year: 1,659. 19 Net assets or fund balances at beginning of year: 31,483. 20 Other changes in net assets or fund balances: 0. 21 Net assets or fund balances at end of year: 33,142.



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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
22 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)				
25 Compensation of officers, directors, etc	0.	0.	0.	0.
26 Other salaries and wages	2,352.	1,754.		598.
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	1,250.		1,250.	
32 Legal fees				
33 Supplies				
34 Telephone	3,891.	3,891.		
35 Postage and shipping	4,056.	4,056.		
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications	1,081.	1,081.		
39 Travel	412.	412.		
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)				
43 Other expenses not covered above (itemize):				
a MISCELLANEOUS EXPENSE	43a 506.	506.		
b CONSULTING FEES	43b 24,000.	24,000.		
c VOTER LIST RENTAL	43c 225.	225.		
d LICENSES & FEES	43d 500.		500.	
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 38,273.	35,925.	1,750.	598.

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

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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? PUBLIC AWARENESS PROGRAM	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 1	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	35,925.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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)	35,925.

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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	30,218.	45	34,125.
	46	Savings and temporary cash investments		46	
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments - land, buildings, and equipment: basis		55a	
	b	Less: accumulated depreciation		55b	55c
	56	Investments - other		56	
	57 a	Land, buildings, and equipment: basis		57a	
	b	Less: accumulated depreciation		57b	57c
	58	Other assets (describe <input type="checkbox"/> SEE STATEMENT 2)	1,265.	58	0.
59	Total assets (must equal line 74). Add lines 45 through 58	31,483.	59	34,125.	
Liabilities	60	Accounts payable and accrued expenses		60	
	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		64b	
65	Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 3)		65	983.	
66	Total liabilities. Add lines 60 through 65	0.	66	983.	
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	31,483.	67	33,142.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	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; column (B) must equal line 21)	31,483.	73	33,142.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	31,483.	74	34,125.	

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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?		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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	X	
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.	X	
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	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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
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		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.
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	0
91 a	The books are in care of LOU DENEGRÉ Telephone no. 203-752-2801 Located at 345 WHITNEY AVENUE, NEW HAVEN, CT ZIP + 4 06510		
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
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
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

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

	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	
Note: Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	31.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		31.	0.
105 Total (add line 104, columns (B), (D), and (E))					31.

Note: Line 105 plus line 1d, 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).
▼	

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).

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: Judy Talbot Signature of officer, Date: 10/12/06, Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature: Mary-Cecilia Acosta, Date: 8/7/06, Check if self-employed: , Preparer's SSN or PTIN: _____, Firm's name (or yours if self-employed), address, and ZIP + 4: UHY ADVISORS N.E. LLC, ONE FINANCIAL PLAZA, 18TH FLOOR, HARTFORD, CT 06103, EIN: _____, Phone no.: 860-549-8500

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 1

DESCRIPTION OF PROGRAM SERVICE ONE

RUN AWARENESS PROGRAMS TO INFORM THE PUBLIC OF POLITICIANS' VIEWS ON ISSUES THAT AFFECT ACCESS TO REPRODUCTIVE HEALTH CARE. THESE PROGRAMS HELP ENCOURAGE AND PROTECT INFORMED INDIVIDUAL CHOICE REGARDING REPRODUCTIVE HEALTH CARE. THESE

SERVICES ARE PROVIDED FOR THE BENEFIT OF THE COMMUNITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		35,925.

FORM 990 OTHER ASSETS STATEMENT 2

<u>DESCRIPTION</u>	AMOUNT
DUE FROM PLANNED PARENTHOOD OF CONNECTICUT, INC.	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	0.

FORM 990 OTHER LIABILITIES STATEMENT 3

<u>DESCRIPTION</u>	AMOUNT
DUE TO PLANNED PARENTHOOD OF CONNECTICUT, INC.	983.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	983.

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RACEL RUBIN 345 WHITNEY AVENUE NEW HAVEN, CT 06510	CHAIR 1.00	0.	0.	0.
JULIE BELAGA 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
JO FUCHS LUSCOMBE 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
BARRY KRAMER 345 WHITNEY AVENUE NEW HAVEN, CT 06510	TREASURER 1.00	0.	0.	0.
FRAN GOLDSTEIN 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
SUE HESSEL 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
ELLEN RICHMOND 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
ELLEN SCALETTAR 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
JUDY TABAR 345 WHITNEY AVENUE NEW HAVEN, CT 06510	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.