

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 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization BOSTON WOMEN'S HEALTH BOOK COLLECTIVE, INC.</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 34 PLYMPTON STREET</p> <p>City or town, state or country, and ZIP + 4 BOSTON, MA 02118</p>	<p>D Employer identification number 23-7274169</p> <p>E Telephone number (978) 649-3447</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand 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 ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

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

G Website: ▶ **WWW.OURBODIESOURSELVES.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.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **659,791.**

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

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a</p> <p>b Direct public support (not included on line 1a) 1b 367,736.</p> <p>c Indirect public support (not included on line 1a) 1c 7,994.</p> <p>d Government contributions (grants) (not included on line 1a) 1d 2,100.</p> <p>e Total (add lines 1a through 1d) (cash \$ 377,830. noncash \$) ... 1e 377,830.</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 267,355.</p> <p>3 Membership dues and assessments 3</p> <p>4 Interest on savings and temporary cash investments 4 2,268.</p> <p>5 Dividends and interest from securities 5</p> <p>6 a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c</p> <p>7 Other investment income (describe ▶) 7</p> <p>8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other</p> <p>b Less: cost or other basis and sales expenses 8a</p> <p>c Gain or (loss) (attach schedule) 8b</p> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) 8c 8d</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/></p> <p>a Gross revenue (not including \$ of contributions reported on line 1b) ... 9a</p> <p>b Less: direct expenses other than fundraising expenses 9b</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a 9c</p> <p>10 a Gross sales of inventory, less returns and allowances 10a 12,338.</p> <p>b Less: cost of goods sold 10b 6,169.</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 1 10c 6,169.</p> <p>11 Other revenue (from Part VII, line 103) 11</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 653,622.</p>	
Revenue		
Expenses	<p>13 Program services (from line 44, column (B)) 13 386,248.</p> <p>14 Management and general (from line 44, column (C)) 14 82,963.</p> <p>15 Fundraising (from line 44, column (D)) 15 42,622.</p> <p>16 Payments to affiliates (attach schedule) 16</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 511,833.</p>	
Net Assets	<p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 141,789.</p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 141,672.</p> <p>20 Other changes in net assets or fund balances (attach explanation) 20 0.</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 283,461.</p>	

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COLLECTIVE, INC.

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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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) 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	78,596.	39,299.	19,649.	19,648.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c 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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	193,758.	179,652.	13,458.	648.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	17,565.	17,285.	253.	27.
29 Payroll taxes	20,678.	16,018.	3,304.	1,356.
30 Professional fundraising fees				
31 Accounting fees	26,210.		26,210.	
32 Legal fees				
33 Supplies	3,588.	1,989.	1,386.	213.
34 Telephone	4,224.	1,895.	2,102.	227.
35 Postage and shipping	8,351.	3,817.	1,653.	2,881.
36 Occupancy	27,266.	17,541.	7,220.	2,505.
37 Equipment rental and maintenance				
38 Printing and publications	6,810.	644.	41.	6,125.
39 Travel	7,732.	6,775.	550.	407.
40 Conferences, conventions, and meetings	3,436.	2,590.	766.	80.
41 Interest	608.		608.	
42 Depreciation, depletion, etc. (attach schedule)	997.	698.	199.	100.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	112,014.	98,045.	5,564.	8,405.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	511,833.	386,248.	82,963.	42,622.

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? ▶ EDUCATION IN WOMEN'S HEALTH ISSUES	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 3 _____ _____ _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	386,248.
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) ▶	386,248. Form 990 (2006)

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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	100.	45	100.
	46 Savings and temporary cash investments	226,284.	46	230,347.
	47 a Accounts receivable	73,403.		
	b Less: allowance for doubtful accounts		24,923.	73,403.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
	49 Grants receivable			
	50 a Receivables from current and former officers, directors, trustees, and key employees			
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use	4,348.	52	2,823.
	53 Prepaid expenses and deferred charges	5,204.	53	5,704.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation				
56 Investments - other				
57 a Land, buildings, and equipment: basis	27,192.			
b Less: accumulated depreciation STMT 4	26,500.	1,689.	692.	
58 Other assets, including program-related investments (describe ▶ SECURITY DEPOSITS)		4,000.	4,000.	
59 Total assets (must equal line 74). Add lines 45 through 58		266,548.	317,069.	
Liabilities	60 Accounts payable and accrued expenses	24,876.	60	33,608.
	61 Grants payable		61	
	62 Deferred revenue	100,000.	62	0.
	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 ▶)		65	
66 Total liabilities. Add lines 60 through 65		124,876.	33,608.	
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	48,177.	67	210,457.
	68 Temporarily restricted	93,495.	68	73,004.
	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 and column (B) must equal line 21)		141,672.	283,461.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		266,548.	317,069.	

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Part VI Other Information <i>(continued)</i>		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	<input checked="" type="checkbox"/>
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 <u>8,305.</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
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	501(c)(4), (5), or (6) organizations. a 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?	85b	
	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.		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	<u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	<u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
90 a	List the states with which a copy of this return is filed MA, NY		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	<u>7</u>
91 a	The books are in care of PAM MCCARTHY CPA, MST Telephone no. (978) 649-3447 Located at 143 THORNDIKE STREET, DUNSTABLE, MA ZIP + 4 01827		
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	<input checked="" type="checkbox"/>
	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.		

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Part VI Other Information (continued)

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 ROYALTIES					177,265.
b SPEAKING FEES/HONORARIA					15,090.
c PUBLIC VOICE AND ACTION					
d CONTRACT					75,000.
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	2,268.	
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					6,169.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,268.	273,524.
105 Total (add line 104, columns (B), (D), and (E))					275,792.

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).
▼	SEE STATEMENT 6

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.

Yes	No

	(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.

Yes	No

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

Yes	No

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

Signature of officer: _____ Date: _____
JUDITH L. NORSIGIAN, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: **05/09/08** Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **LINDA M. SMITH, CPA, PC**
80 FLANDERS ROAD - SUITE #200
WESTBOROUGH, MA 01581 EIN: _____ Phone no.: **(508) 871-7178**