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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning September 1st, 2000, and ending August 31st, 2001

B Check if <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	C Name of organization Planned Parenthood of Houston and Southeast Texas, Inc.	D Employer identification number 74-1100163
	Number and street (or P O box if mail is not delivered to street address) 3601 Fannin	E Telephone number (713) 525-8004
	City or town State or Country ZIP code Houston Texas 77004	F Check <input type="checkbox"/> if application is pending

G Organization type (check only one) 501(c) (3) (insert no) 527 or 4947(a)(1)
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify)

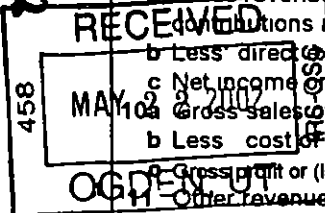
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.
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? Yes No (If "No," attach a list. See inst.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption number (GEN): N/A
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

R e v e n u e	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,735,287		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	740,341		
	d Total (add lines 1a through 1c) (cash \$ <u>2,400,722</u> noncash \$ <u>74,906</u>)	1d			2,475,628
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			9,147,730
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			93,030
	5 Dividends and interest from securities	5			110,419
	6a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	573,634	8a		
b Less cost or other basis and sales expenses		489,859	8b		
c Gain or (loss) (attach schedule)		83,775	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			83,775	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ <u>496,095</u> of contributions reported on line 1a)	9a	87,112			
b Less direct expenses other than fundraising expenses	9b	114,783			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			-27,671	
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
d Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			11,882,911	
Ex- pen- ses	13 Program services (from line 44, column (B))	13		9,535,422	
	14 Management and general (from line 44, column (C))	14		1,386,628	
	15 Fundraising (from line 44, column (D))	15		397,910	
	16 Payments to affiliates (attach schedule)	16		105,097	
	17 Total expenses (add lines 16 and 44, column (A))	17		11,425,057	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		457,854	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,046,572	
	20 Other changes in net assets or fund balances (attach explanation)	20		-569,622	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		9,934,804	

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19

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

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 \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 332,957	193,399	139,558	
26 Other salaries and wages	26 5,169,813	4,390,061	555,242	224,510
27 Pension plan contributions	27 92,449	75,985	12,419	4,045
28 Other employee benefits	28 537,614	468,715	51,301	17,598
29 Payroll taxes	29 415,844	352,206	46,340	17,298
30 Professional fundraising fees	30			
31 Accounting fees	31 19,250		19,250	
32 Legal fees	32			
33 Supplies	33 276,629	159,985	101,666	14,978
34 Telephone	34 135,436	115,025	17,156	3,255
35 Postage and shipping	35 105,064	80,193	15,134	9,737
36 Occupancy	36 621,459	562,974	46,596	11,889
37 Equipment rental and maintenance	37 154,853	130,880	19,186	4,787
38 Printing and publications	38 117,834	60,812	12,036	44,986
39 Travel	39 117,695	97,790	18,870	1,035
40 Conferences, conventions, and meetings	40 76,323	48,271	23,579	4,473
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 261,198	223,584	33,168	4,446
43 Other expenses (itemize) a	43a			
b See attachment	43b 2,885,542	2,575,542	275,127	34,873
c	43c			
d	43d			
e	43e			
f	43f			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 11,319,960	9,535,422	1,386,628	397,910

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 Specific Instructions on page 23)

What is the organization's primary exempt purpose? Provide reproductive health care	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 Medical services and comprehensive reproductive health care services were provided to 95,922 patients Screened patients for cancer, anemia, sickle cell, kidney disease, and sexually transmitted diseases (Grants and allocations \$	8,545,165
b Presented education programs to area schools, churches, and community agencies Provided training and consultation services in sexuality education, family planning, and reproductive healthcare Approximately 11,107 persons were served. (Grants and allocations \$	990,257
c	
d	
e Other program services (attach schedule) (Grants and allocations \$	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	9,535,422

Part IV Balance Sheets

(See Specific Instructions on page 23)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
				Beginning of year		End of year
Assets						
45	Cash - non-interest-bearing				45	
46	Savings and temporary cash investments			431,619	46	367,572
47a	Accounts receivable	47a	313,549			
	b Less allowance for doubtful accounts	47b		241,466	47c	313,549
48a	Pledges receivable	48a	107,064			
	b Less allowance for doubtful accounts	48b		258,213	48c	107,064
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges			88,526	53	138,455
54	Investments - securities (attach schedule)	<input type="checkbox"/> Cost	<input checked="" type="checkbox"/> FMV	5,773,121	54	5,567,802
55a	Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
56	Investments - other (attach schedule)			197,759	56	165,293
57a	Land, buildings, and equipment basis	57a	6,327,298			
	b Less accumulated depreciation (attach schedule)	57b	2,440,532	3,937,966	57c	3,886,766
58	Other assets (describe _____)				58	
59	Total assets (add lines 45 through 58) (must equal line 74)			10,928,670	59	10,546,501
Liabilities						
60	Accounts payable and accrued expenses			882,398	60	611,697
61	Grants payable				61	
62	Deferred revenue				62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
65	Other liabilities (describe _____)				65	
66	Total liabilities (add lines 60 through 65)			882,398	66	611,697
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			9,632,092	67	9,583,576
68	Temporarily restricted			214,480	68	151,228
69	Permanently restricted			200,000	69	200,000
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, bldg, 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)			10,046,572	73	9,934,804
74	Total liabilities and net assets/fund balances (add lines 66 and 73)			10,928,970	74	10,546,501

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a Total revenue, gains, and other support per audited financial statements	a	11,313,289
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments		-569,622
(2) Donated services and use of facilities		
(3) Recoveries of prior year grants		
(4) Other (specify)		

Add amounts on lines (1) thru (4)	b	-569,622
c Line a minus line b	c	11,882,911
d Amounts included on line 12, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify)		

Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	11,882,911

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

a Total expense and losses per audited financial statements	a	11,425,057
b Amounts included on line a but not on line 17, Form 990		
(1) Donated services and use of facilities		
(2) Prior year adjustments reported on line 20, Form 990		
(3) Losses reported on line 20, Form 990		
(4) Other (specify)		

Add amounts on lines (1) thru (4)	b	
c Line a minus line b	c	11,425,057
d Amounts included on line 17, Form 990 but not on line a		
(1) Investment expenses not included on line 6b, Form 990		
(2) Other (specify)		

Special event expense		
Add amounts on lines (1) and (2)	d	
e Total expenses per line 17, Form 990 (line c plus line d)	e	11,425,057

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated, see Specific Instructions on page 25)

(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	(E) Expense account and other allowances
Peter J Durkin 3601 Fannin, Houston, Texas 77004	President & CEO 40+ hours/week	139,558	4,000	None
Melaney A. Linton 3601 Fannin, Houston, Texas 77004	Sr Vice President 40+ hours/week	103,426	2,856	None
Rebecca White 3601 Fannin, Houston, Texas 77004	Sr Vice President 40+ hours/week	89,923	2,627	None
A list of volunteer officers and directors is attached. They receive no compensation, benefits or allowances and can be contacted through: Planned Parenthood of Houston & Southeast Texas, Inc 3601 Fannin Houston, Texas 77004				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

No

If "Yes," attach schedule - see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on pages 26)		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	No
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes
b	If "Yes," enter the name of the organization <u>Planned Parenthood of Houston & Southeast Texas</u> <u>Action Fund, Inc</u> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	None
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	Yes
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	Not valued
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	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? If "Yes" 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 in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	None
b	Gross receipts, included on line 12, for public use of club facilities	86b	None
87	501(c)(12) orgs - Enter a Gross income from members or shareholders	87a	None
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	None
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	88	No
89a	501(c)(3) organizations - Enter Amount of tax paid 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) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		-0-
d	Enter Amount of tax in 89c, above, reimbursed by the organization		-0-
90a	List the states with which a copy of this return is filed <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	163
91	The books are in care of <u>Kim Pedigo, Controller</u> Telephone no <u>(713) 525-8004</u> Located at <u>3601 Fannin, Houston, Texas</u> ZIP code <u>77004</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on pages 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Patient fees					5,094,580
b Government funding					
c Title XX					2,848,874
d Title XIX - Medicaid					375,048
e Copayments - Title XX					829,228
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	93,030	
96 Dividends and interest from securities			14	110,419	
97 Net rental income (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			18	83,775	
101 Net income or (loss) from special events			1, 2, 5	-27,671	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
b					
c					
d					
e					
104 Subtotal (add cols (B), (D), and (E))				259,553	9,147,730
105 TOTAL (add line 104, columns (B), (D), and (E))					9,407,283

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 Specific Instructions on page 31)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Revenue received from patients in exchange for health care and other services related to the organization's exempt purposes
93b-93e	Actual cost reimbursement from government sources

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 31)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 31)

- (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)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (IMPORTANT: See General Instruction W on page 14.)

Signature of officer: *[Signature]* Date: 5/15/02 Type or print name: Peter J. Durkin CEO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/13/02 Check if self-employed: Preparer's SSN or PTIN: P 000 72 674

Firm's name (or yours if self-employed) and address, and ZIP code: Blazek & Vetterling LLP, 3101 Richmond Ave., Suite 220, Houston, Texas 77098-3013

EIN: 76-0269860 Phone: 713-523-5739

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2000

Supplementary Information - (See separate instructions)

Department of the Treasury
Internal Revenue Service

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

Name of the organization Planned Parenthood of Houston and Southeast Texas, Inc	Employer identification number 74-1100163
--	--

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
Laurnlyn McGill 3601 Fannin Houston, TX 77004	Vice President of Medical Services 40+ hours/week	79,428	2,280	None
Diane Wheeler 3601 Fannin Houston, TX 77004	Clinic Director 40+ hours/week	76,073	2,274	None
Kim Tran Pedigo 3601 Fannin Houston, TX 77004	Vice President of Finance 40+ hours/week	75,767	2,191	None
Cynthia Grant 3601 Fannin Houston, TX 77004	Vice President of Development 40+ hours/week	74,994	2,240	None
Katherine Sullivant-Kahn 3601 Fannin Houston, TX 77004	Clinic Director 40+ hours/week	76,012	1,784	None
Total number of other employees paid over \$50,000	21			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 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
Paul Fine 3601 Fannin Houston, TX 77004	Medical Services	232,500
Kevin Brader 3601 Fannin Houston, TX 77004	Medical Services	139,021
Jeff Dungan 3601 Fannin Houston, TX 77004	Medical Services	94,830
Total number of others receiving over \$50,000 for professional services		None

Part III Statements About Activities

	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 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	1 X	
53,646		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
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)?	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?	X	
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

See Form 990 Part V

Part IV Reason for Non-Private Foundation Status

(See pages 2 through 4 of the instructions)

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, page 5)
- 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 below)
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,626,194	3,034,101	2,921,690	2,243,570	10,825,555
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	8,026,007	7,110,899	7,208,992	6,761,794	29,107,692
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	211,634	168,418	200,220	164,114	744,386
19 Net income from unrelated business activities not included in line 18					
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					
23 Total of lines 15 through 22	10,863,835	10,313,418	10,330,902	9,169,478	40,677,633
24 Line 23 minus line 17	2,837,828	3,202,519	3,121,910	2,407,684	11,569,941
25 Enter 1% of line 23	108,638	103,134	103,309	91,695	
26 Organizations described in lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts					26b
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person" Enter the sum of such amounts for each year				
	(1999) 1,298,698	(1998) 1,372,307	(1997) 955,459	(1996) _____	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
c Add Amounts from column (e) for lines 15 <u>10,825,555</u> 16 _____ 17 <u>29,107,692</u> 20 _____ 21 _____					27c 39,933,247
d Add Line 27a total <u>3,626,464</u> and line 27b total _____					27d 3,626,464
e Public support (line 27c minus line 27d total)					27e 36,306,783
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 40,677,633
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 89.25%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.83%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)					

Part V Private School Questionnaire

(See page 5 of the instructions)

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

Not Applicable

	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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (if you need more space, attach a statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities

(See page 7 of the instructions)

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

- Check here a If the organization belongs to an affiliated group
 Check here b If you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	32,900
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	20,746
38 Total lobbying expenditures (add lines 36 and 37)	38	53,646
39 Other exempt purpose expenditures	39	11,371,411
40 Total exempt purpose expenditures (add lines 38 and 39)	40	11,425,057
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000	41	721,253
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	180,313
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, file Form 4720

4 - Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount	721,253	666,707	654,273	623,265	2,665,498
46 Lobbying ceiling amount (150% of line 45(e))					3,998,247
47 Total lobbying expenditures	53,646	31,150	26,160	14,835	125,791
48 Grassroots nontaxable amount	180,313	166,677	163,568	155,816	666,374
49 Grassroots ceiling amount (150% of line 48(e))					999,561
50 Grassroots lobbying expenditures	32,900	15,879	9,408	7,941	66,128

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting by organizations that did not complete Part VI-A) (See page 9 of the instruction: **Not Applicable**)

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

- 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)

Yes	No	Amount

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

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

Employer identification number

Planned Parenthood of Houston and Southeast Texas, Inc

Organization type (check one)-Section 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc , purpose \$ **2,475,628**

Note: This form is generally not open to public inspection except for section 527 organizations.

(HTA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization

Planned Parenthood of Houston and Southeast Texas, Inc

Employer identification number

Part I Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 177,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ 50,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ 50,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ 75,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		\$ 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SCHEDULE A, PART IV-A, Line 27
DONATIONS FROM DISQUALIFIED PERSONS

DONOR	1999 2000	1998 1999	1997 1998	1996 1997	1995 1996
	1,220				
			290	210	815
	50				
	1,320	285	480	870	110
				10	
	150,000	130,000	350,000	135,500	124,666
			350,000		
				5,575	2,750
		55,000	41,400		
				319	1,020
	100,000	100,000	150,000	112,500	122,500
	1,440				
	150,000		50,000	50,000	50,000
	1,670	690	435	100	150
	50,000	100,000	25,000	25,000	20,000
				10	102
				25,000	10,000
	240				
		85,000	50,000	50,000	85,000
		570	366	140	735
				1,429	2,325
	1,495	1,505	1,170	3,890	
		16,000	16,000	16,000	16,000
				380	550
	10,835	4,580	5,386	4,385	3,750
			5,000	5,000	5,000
			1,100	10	
		225,000	175,000	75,000	75,100
	2,595				
				540	1,000
	350	95			
			130	203	428
		25,000	10,000	11,500	11,700
		25,000	25,000	25,000	25,000
				1,230	510
		18,990	9,636	6,500	6,500
	930	570	535	332	250
	5,120	2,290	2,402	2,315	3,350
	100,000	210,000	10,000		
					485
		20,000	20,000	20,000	16,000
	3,190	1,088	1,634	3,218	1,350
				25,000	
	3,020	2,375	2,340	6,070	1,860
					125

SCHEDULE A, PART IV-A, Line 27
DONATIONS FROM DISQUALIFIED PERSONS

DONOR	1999 2000	1998 1999	1997 1998	1996 1997	1995 1996
				25	445
	10,012	4,060	10,453	12,526	4,200
	803	85	225	500	353
	2,610	3,330			
	1,870				2,625
				10,000	5,000
				9,850	4,270
					340
	60,000				
	215	210	290		
		8,890	6,070	7,550	3,850
				376	835
				511	510
			1,432		1,000
		10,000	10,000	14,000	5,000
		30,000	30,000	30,000	20,000
				6,095	
	905	340	355	48	525
		4,395	6,322	1,452	2,060
	25				
		125	100		25
	90,000	65,000	54,050	20,000	10,000
	1,490				
	80,000	50,000	50,000	100,000	
		10,000	10,500	10,500	10,500
	1,020	1,035	706	1,665	195
			1,711	2,310	4,330
	75,000	80,000	85,000	75,000	65,000
	120	205	265	255	235
		5,000		25,000	10,000
			40,000	12,500	10,410
		1,510	735	1,130	1,740
					5,500
	975	475	2,665	930	2,425
Total	\$ 908,520	1,298,698	1,614,183	955,459	\$ 760,503

Part I, Line 8 - Sale of assets other than inventory

	Proceeds	Cost	Gain
Sales of marketable securities	\$ 573,634	489,859	\$ 83,775

Part I, Line 9 - Special events

EVENT	Gross Receipts	Contribution Portion	Gross Revenue	Direct Expense	Net Income
				(fair market value)	
Pro-choice luncheon	\$ 253,690	200,465	53,225	56,951	\$ (3,726)
Fall Gala	329,517	295,630	33,887	57,832	(23,945)
	<u>\$ 583,207</u>	<u>496,095</u>	<u>87,112</u>	<u>114,783</u>	<u>\$ (27,671)</u>

Part I, Line 16 - Payment to affiliate

Payment to Planned Parenthood Federation of America 810 Seventh Avenue, New York, NY 10019	<u>\$ 105,097</u>
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Part I, Line 20 - Other changes in net assets of fund balances.

Unrealized losses in investments	<u>\$ (569,622)</u>
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**Part II, Line 42 - Depreciation and
Part IV, Line 57 - Land, buildings & equipment**

Asset	Cost	Accumulated Depreciation	Current Year Provision	Net Book Value
Land	\$ 627,154			\$ 627,154
Building & building improvements	3,558,057	637,846	98,471	2,920,211
Leasehold improvements	556,042	529,636	14,548	26,406
Furniture & fixtures	1,586,045	1,273,050	148,179	312,995
	<u>\$ 6,327,298</u>	<u>2,440,532</u>	<u>261,198</u>	<u>\$ 3,886,766</u>

Part II, Line 43 - Other expenses

Description	TOTAL	Program Services	Management & general	Fundraising
Books & brochures	\$ 28,672	24,287	2,714	\$ 1,671
Clinic Supplies	183,332	183,332		
Dues & Membership	58,107	45,642	11,855	610
Insurance	206,976	203,244	3,019	713
Laboratory Fees	487,858	487,858		
Medical fees	754,171	754,171		
Medical supplies	804,783	804,783		
Advertising	134,664	6,032	128,632	
Professional fees	226,979	66,193	128,907	31,879
	<u>\$ 2,885,542</u>	<u>2,575,542</u>	<u>275,127</u>	<u>\$ 34,873</u>

Part IV, Line 54 - Investment - Securities

Money market funds	1,206,718
Common stocks	2,950,256
Corporate bonds	330,079
U S Treasury notes	1,080,749
	<u>\$ 5,567,802</u>

Part IV, Line 56 - Other assets

Cash surrender value of life insurance	<u>\$ 165,293</u>
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Officers and Directors 2000-2001

Officers:

Chair	Rev W Stewart MacColl
Vice Chair	Elena Marks
Treasurer	Peggy Heaton
Secretary:	Allison Bell

Directors:

Steven J Allen, M D
Janice M Beal, Ed D
Sandy Colt
Peter J. Durkin
John Gonzalez
Janice Greer
Sandy Havens
Paula W Hinton
Dana Hurt
Asha Seth Kapadia, Ph.D.
Nancy D McGregor
Ginni Mithoff
Harvin C. Moore
Sallie Morian
Muffie Moroney
Rufi Natarajan
Elizabeth Pannill
Collyn Peddie
Olga Soliz
Paul R Tetreault
Eleanor Tinsley
Thanh Trinh
Chaja Verveer
Susan Young

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print Name of Exempt Organization: Planned Parenthood of Houston and Southeast Texas, Inc.
Number, street, and room or suite no: 3601 Fannin
City, town or post office, state, and ZIP code: Houston, Texas 77004
Employer identification number: 74-1100163

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [] Form 990-EZ [] Form 990-T (sec. 401(a) or 408(a) trust) [] Form 1041-A [] Form 5227 [] Form 8870
[] Form 990-BL [] Form 990-PF [] Form 990-T (trust other than above) [] Form 4720 [] Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box []
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is
for the whole group, check this box [] If it is for part of the group, check this box [] and attach a list with the
names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 7/15/2002
5 For calendar year _____, or other tax year beginning 9/1/2000 and ending 8/31/2001
6 If this tax year is for less than 12 months, check reason: [] Initial return [] Final return [] Change in accounting period
7 State in detail why you need the extension
Adequate information is not yet available for us to prepare a complete and accurate return at this time
Therefore, taxpayer respectfully requests additional time to file

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
nonrefundable credits See instructions _____
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated
tax payments made Include any prior year overpayment allowed as a credit and any amount paid
previously with Form 8868 _____
c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See
instructions _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief
it is true, correct, and complete and that I am authorized to prepare this form
Signature [Handwritten Signature] Title CPA Date 7/12/02

Notice to Applicant-To Be Completed by the IRS

[] We have approved this application Please attach this form to the organization's return
[] We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due
date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections
otherwise required to be made on a timely return Please attach this form to the organization's return
[] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time
to file We are not granting a 10-day grace period
[] We cannot consider this application because it was filed after the due date of the return for which an extension was requested
[] Other _____

By: _____ Date _____
Director

Alternate Mailing Address- Enter the address if you want the copy of this application for an additional 3-month extension
returned to an address different than the one entered above

Type or print Name: Blazek & Vetterling LLP
Number and street (include suite, room, or apt. no) Or a P O box number: 3101 Richmond Avenue, Suite 220
City or town, province or state, and country (including postal or ZIP code): Houston, Texas 77098-3013

Application for Extension of Time to File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note. Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8738 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization Planned Parenthood of Houston and Southeast Texas, Inc.	Employer identification number 74-1100163
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions 3601 Fannin	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Houston, Texas 77064	

Check type of return to be filed (file a separate application for each return).

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

If the organization does not have an office or place of business in the United States, check this box
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 4/15/2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ tax year beginning 9/1/2000 and ending 8/31/2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

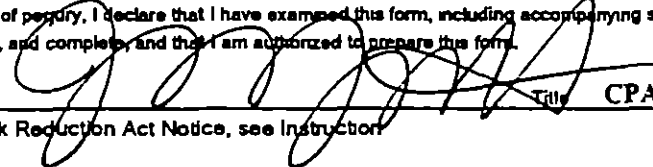
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature:  Title: CPA Date: 1/15/02