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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

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

Open to Public Inspection

A For the 2001 calendar year, OR tax year beginning 9/1/2001 **and ending** 8/31/2002

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization Planned Parenthood 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 Houston	State or country Texas	ZIP + 4 77004	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates **N/A**

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

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

I Enter 4-digit GEN **N/A**

G Web site **www.pphouston.org**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

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.

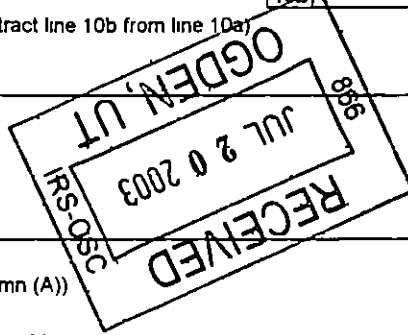
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **\$35,416,423**

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	19,596,544	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	731,497	
	d	Total (add lines 1a through 1c) (cash \$ <u>11,966,279</u> noncash \$ <u>8,361,762</u>)	1d	20,328,041	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,777,595	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	29,489	
	5	Dividends and interest from securities	5	113,971	
	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	5,100,805	8a
	b	Less cost or other basis and sales expenses		5,049,776	8b
	c	Gain or (loss) (attach schedule)		51,029	8c
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	51,029	
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ <u>563,322</u> of contributions reported on line 1a)	9a	66,522	
	b	Less direct expenses other than fundraising expenses	9b	78,073	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	-11,551	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	30,288,574		
13	Program services (from line 44, column (B))	13	10,470,339		
14	Management and general (from line 44, column (C))	14	1,784,127		
15	Fundraising (from line 44, column (D))	15	497,265		
16	Payments to affiliates (attach schedule)	16	108,551		
17	Total expenses (add lines 16 and 44, column (A))	17	12,860,282		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	17,428,292		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,934,804		
20	Other changes in net assets or fund balances (attach explanation)	20	-665,926		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	26,697,170		

SCANNED JUL 25 '03



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 21.)

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 \$ _____)					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	373,872	228,632	145,240		
26	Other salaries and wages	5,594,924	4,713,390	636,391	245,143	
27	Pension plan contributions	115,180	95,837	15,842	3,501	
28	Other employee benefits	708,718	600,570	86,495	21,653	
29	Payroll taxes	438,018	368,329	50,700	18,989	
30	Professional fundraising fees	45,350			45,350	
31	Accounting fees	18,493		18,493		
32	Legal fees	12,060		12,060		
33	Supplies	235,438	146,835	76,237	12,366	
34	Telephone	168,198	148,383	15,965	3,850	
35	Postage and shipping	117,016	87,817	13,253	15,946	
36	Occupancy	733,612	572,869	145,206	15,537	
37	Equipment rental and maintenance	173,016	148,256	19,000	5,760	
38	Printing and publications	149,649	88,994	19,907	40,748	
39	Travel	107,373	90,442	10,348	6,583	
40	Conferences, conventions, and meetings	105,078	72,573	22,273	10,232	
41	Interest					
42	Depreciation, depletion, etc (attach schedule)	321,310	249,917	66,947	4,446	
43	Other expenses not covered above (itemize) a _____	43a				
b	See attachment	43b	3,334,426	2,857,495	429,770	47,161
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	12,751,731	10,470,339	1,784,127	497,265	

Joint Costs Check if you are following SOP 98-2

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

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

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? Provide reproductive health care	Program Service Expenses (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 101,010 patients. Screened patients for cancer, sexually transmitted diseases, and basic health. (Grants and allocations \$ _____)	9,417,202
b Presented education programs to area schools, religious institutions, and community agencies. Provided training and consultation services in sexuality education, family planning, and reproductive healthcare. Approximately 12,731 persons were served. (Grants and allocations \$ _____)	1,053,137
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	10,470,339

Part IV Balance Sheets

(See Specific Instructions on page 24)

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		45
46	Savings and temporary cash investments	367,572	46 310,467
47a	Accounts receivable	47a 350,615	
b	Less allowance for doubtful accounts	47b 51,636	47c 298,979
48a	Pledges receivable	48a 149,873	
b	Less allowance for doubtful accounts	48b	48c 149,873
49	Grants receivable	107,064	49 8,681,797
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	138,455	53 208,079
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,567,802	54 13,841,265
55a	Investments - land, buildings, and equipment basis		55a
b	Less accumulated depreciation (attach schedule)		55b 55c
56	Investments - other (attach schedule)	165,293	56 137,364
57a	Land, buildings, and equipment basis	57a 8,008,216	
b	Less accumulated depreciation (attach schedule)	57b 2,750,385	57c 5,257,831
58	Other assets (describe _____)		58
59	Total assets (add lines 45 through 58) (must equal line 74)	10,546,501	59 28,885,655
Liabilities			
60	Accounts payable and accrued expenses	611,697	60 868,485
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 1,320,000
65	Other liabilities (describe _____)		65
66	Total liabilities (add lines 60 through 65)	611,697	66 2,188,485
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	9,583,576	67 26,186,702
68	Temporarily restricted	151,228	68 310,468
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, 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)	9,934,804	73 26,697,170
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	10,546,501	74 28,885,655

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 28)

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

a Total revenue, gains, and other support per audited financial statements	a	29,580,017
b Amounts included on line a but not on line 12, Form 990		
(1) Net unrealized gains on investments \$ -665,926		
(2) Donated services and use of facilities \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify)		
\$		
Add amounts on lines (1) thru (4)	b	-665,926
c Line a minus line b	c	30,245,943
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)		
Special event expenses \$ 42,631		
Add amounts on lines (1) and (2)	d	42,631
e Total revenue per line 12, Form 990 (line c plus line d)	e	30,288,574

a Total expenses and losses per audited financial statements	a	12,817,651
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	12,817,651
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 expenses \$ 42,631		
Add amounts on lines (1) and (2)	d	42,631
e Total expenses per line 17, Form 990 (line c plus line d)	e	12,860,282

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(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+ hrs/week	145,240	4,170	
Melaney A. Linton 3601 Fannin, Houston, Texas 77004	Sr Vice President 40+ hrs/week	118,701	3,279	
Rebecca White 3601 Fannin, Houston, Texas 77004	Sr Vice President 40+ hrs/week	109,931	3,166	
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 27

Part VI Other Information

(See Specific Instructions on page 27.)

Yes or No

76	Did the organization engage in any activity not previously reported to the IRS? 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>45350</u> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	N/A
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 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" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs 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) orgs 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	88	No
89a	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) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		-0-
d	Enter Amount of tax on line 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, 2001 (See instructions.)	90b	167
91	The books are in care of <u>Keetha Buster CFO</u> Telephone no <u>(713) 525-8001</u> Located at <u>3601 Fannin Houston Texas</u> ZIP + 4 <u>77004</u>		
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	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32)

Note	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					5,850,437
b	Government Funding					
c	Title XX					2,632,802
d	Title XIX-Medicaid					591,447
e	Copayments-Title XX					702,909
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	29,489	
96	Dividends and interest from securities			14	113,971	
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			18	51,029	
101	Net income or (loss) from special events			1, 2, 5	-11,551	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue					
a						
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))				182,938	9,777,595
105	Total (add line 104, columns (B), (D), and (E))					9,960,533

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 32)

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 healthcare and other reasons 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 33)

(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 33)

- (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

Signature of officer: *Peter J. Durkin* Date: 17/15/03

Type or print name and title: PETER J. DURKIN, PRESIDENT & CEO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 7-11-03 Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. W)

Firm's name (or yours if self-employed) address and ZIP + 4: Blazek & Vetterling LLP 3101 Richmond Ave., St. 220 Houston, TX 77098-3013 EIN: (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

2001

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions)

Name of the organization Planned Parenthood of Houston and Southeast Texas, Inc	Employer identification number 74-1100163
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Launlynn McGill 3601 Fannin Houston, TX 77004	Vice President Medical Services 37.5 hrs/wk	86,335	2,444	None
Katherine Sullivant-Kahn 3601 Fannin Houston, TX 77004	Director of Surgical Services 37.5 hrs/wk	84,463	2,148	None
Kim Tran Pedigo 3601 Fannin Houston, TX 77004	Controller 37.5 hrs/wk	79,523	1,717	None
Diana Wheeler 3601 Fannin Houston, TX 77004	Clinic Director 37.5 hrs/wk	79,348	2,276	None
Cynthia Grant 3601 Fannin Houston, TX 77004	Vice President Development 37.5 hrs/wk	78,877	2,226	None
Total number of other employees paid over \$50,000	None			

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

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Dr. Paul Fine 5121 Oak Court Dickinson, TX 77539	Doctor	277,072
Dr. Kevin Brader 3900 Side Hill Patch Austin, TX 78731	Doctor	133,945
Dr. Jeff Duncan 2031 Crystal Downs Katy, TX 77450	Doctor	119,856
Dr. Aleksander Rajkovic One Baylor Plaza, #7617, Baylor College of Medicine Houston, TX 77030	Doctor	70,392
Dr. Robert H. Friedman 543 South Third Houston, TX 77098	Doctor	57,214
Total number of others receiving over \$50,000 for professional services	None	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>56,530</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: 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 Part V Form 990

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)
 - 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
 - 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
 - 12** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and 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 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,626,777	2,626,194	3,034,101	2,921,690	11,208,762
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,162,759	8,026,007	7,110,899	7,208,992	31,508,657
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	203,449	211,634	168,418	200,220	783,721
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	11,992,985	10,863,835	10,313,418	10,330,902	43,501,140
24 Line 23 minus line 17	2,830,226	2,837,828	3,202,519	3,121,910	11,992,483
25 Enter 1% of line 23	119,930	108,638	103,134	103,309	

26 Organizations described on lines 10 or 11

a Enter 2% of amount in column (e), line 24 **26a** _____

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total 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 _____ **26d** _____
 22 _____ 26b _____

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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return Enter the sum of such amounts for each year
 (2000) 908,520 (1999) 1,298,698 (1998) 1,372,307 (1997) 955,459

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year
 (2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add Amounts from column (e) for lines 15 11,208,762 16 _____ **27c** 42,717,419
 17 31,508,657 20 _____ 21 _____ **27d** 4,534,984

d Add Line 27a total 4,534,984 and line 27b total _____ **27e** 38,182,435

e Public support (line 27c total minus line 27d total) **27e** 38,182,435

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) **27f** 43,501,140

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27g** 87.77%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) **27h** 1.80%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire

(See page 7 of the instructions)

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

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 separate 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 1, Line 8 - Sale of Assets other than Inventory

	Proceeds	Cost	Gain/ (Loss)
Sales of marketable securities	5,100,805	5,049,776	51,029

Part 1, Line 9 - Special events

Event	Gross Receipts	Contribution Portion	Gross Revenue	Direct Expense	Net Income
Pro-Choice Luncheon	\$ 199,552	160,027	39,525	34,577	\$ 4,948
Fall Gala	350,345	326,420	23,925	36,657	(12,732)
Tennis Tournament	32,702	29,630	3,072	2,280	792
Other	47,245	47,245	-	4,559	(4,559)
	<u>\$ 629,844</u>	<u>563,322</u>	<u>66,522</u>	<u>78,073</u>	<u>\$ (11,551)</u>

Part I, Line 16 - Payment to affiliate

Payment to Planned Parenthood Federation of America 810 Seventh Avenue, New York, NY 10019	<u>\$ 108,551</u>
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Part I, Line 20 - Other changes in net assets of fund balances.

Unrealized decline in value of investments	<u>\$ (665,926)</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	\$ 1,527,154	-	-	\$ 1,527,154
Building & improvements (40 years SL)	4,024,034	749,732	111,887	3,274,302
Leasehold improvements (5 to 10 years SL)	565,470	539,592	9,955	25,878
Furniture & fixtures (5 to 10 years SL)	1,891,559	1,461,062	199,465	430,497
	<u>\$ 8,008,217</u>	<u>2,750,386</u>	<u>321,307</u>	<u>\$ 5,257,831</u>

Part II, Line 43 - Other Expenses

Description	TOTAL	Program Services	Management & general	Fundraising
Books & brochures	\$ 28,462	24,160	2,197	\$ 2,105
Clinic supplies	163,003	162,962	41	
Dues & membership	120,044	87,721	31,848	475
Insurance	276,241	267,134	7,157	1,950
Laboratory fees	526,441	526,441	-	
Medical fees	882,277	882,277	-	
Medical supplies	761,343	760,954	389	
Advertising	335,088	-	335,088	
Professional fees	147,260	94,210	53,050	
Gala expenses	42,631			42,631
Bad debt expense	51,636	51,636	-	
	<u>\$ 3,334,426</u>	<u>2,857,495</u>	<u>429,770</u>	<u>\$ 47,161</u>

Part IV, Line 54 - Investments - Securities

Common Stocks	\$ 5,579,273
Equity Mutual Funds	3,073,615
Money Market Funds	1,619,797
US Treasury Securities	1,277,526
Corporate Bonds	1,065,497
Mortgage-backed Securities	905,623
Bond Mutual Funds	319,934
	<u>\$ 13,841,265</u>

Part IV, Line 56 - Investment Other

Cash surrender value of life insurance	<u>\$ 137,364</u>
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Part IV, Line 64b - Mortgages and other notes payable

Lender	JP Morgan Chase
Loan amount	\$ 1,320,000
Balance 8/31/2002	\$ 1,320,000
Date of note	November, 2001
Maturity date	On or before November 13, 2006
Terms	Interest is payable monthly
Rate	Prime less 1 75% - 3% on 8/31/2002
Security	Fixed income securities with a FMV of \$1,619,214
Purpose	Building purchase

Part V - List of officers and directors

OFFICERS:		Hours per week
Chair	Elena M Marks	10
Vice Chair	Karen Ostrum George	5
Treasurer	Peggy Heaton	5
Secretary	John Michael Gonzalez	5
 DIRECTORS:		
	Steven J Allen, M D	2
	Janice M Beal, Ed D	2
	Allison Bell	3
	Sara Lou Brown	2
	Christina A Bryan	2
	Sandy Colt	3
	Janice Greer	3
	Sandy Havens	2
	Paula W Hinton	3
	Dana Hurt	14
	Asha Seth Kapadia, Ph D	4
	Katherine Kitchen	4
	W Stewart MacColl	2
	Ginni Mithoff	3
	Harvin C Moore	2
	Mary M Moore	6
	Sallie Morian	3
	Muffie Moroney	4
	Rufi Natarajan	3
	Elizabeth Pannill	4
	Collyn Peddie	4
	Brenda Peters	2
	Paul R Tetreault	3
	Thanh Trinh	3

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- 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	Employer identification number 74 1100163
	Number street and room or suite no. If a P.O. box see instructions 3601 Fannin	For IRS use only
	City town or post office state and ZIP code For a foreign address see instructions Houston, Texas 77004	

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

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 9870
- 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) 713 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

- I request an additional 3-month extension of time until July 15, 2003
- For calendar year or other tax year beginning September 1, 2001 and ending August 31, 2002
- If this tax year is for less than 12 months check reason Initial return Final return Change in accounting period
- State in detail why you need the extension **adequate information is not available to accurately and completely prepare tax return We respectfully request an additional 3-month extension**

- 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 \$ _____
- 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 \$ _____
- 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 CFO Date 3/28/03

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

18 APR 01 2003
TIGER

By _____ Date _____

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
	Number and street (include suite room or apt no.) Or a P.O. box number
	City or town province or state and country (including postal or ZIP code)

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 8736 to request an extension of time to file Form 1065, 1066 or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization Planned Parenthood of Houston and Southeast Texas, Inc	Employer identification number 74-1100163
	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 77004	

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) N/A 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 4/15/2003 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 9/1/2001 and ending 8/31/2002

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 [Handwritten Signature] Title CPA Date 1/14/2003
 For Paperwork Reduction Act Notice, see instruction (HTA) Form 8868 (12-2000)