

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004

- B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: PLANNED PARENTHOOD ADVOCATES OF GREATER INDIANA, INC.
Number and street (or P.O. box if mail is not delivered to street address): 200 SOUTH MERIDIAN STREET
City or town, state or country, and ZIP + 4: INDIANAPOLIS, IN 46225

D Employer identification number: 35-1959672
E Telephone number: (317) 637-4343
F Accounting method: Cash, Accrual (checked)

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 (checked)
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? N/A, Yes, No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes, No (checked)

G Website: WWW.PPIN.ORG

J Organization type (check only one) X 501(c)(4) (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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 108,020.

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

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

SCANNED APR 29 2005

Table with 21 rows and 4 columns. Rows include: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Interest on savings, 5 Dividends, 6a Gross rents, 6b Less: rental expenses, 6c Net rental income, 7 Other investment income, 8a Gross amount from sales of assets, 8b Less: cost or other basis, 8c Gain or (loss), 8d Net gain or (loss), 9 Special events and activities, 9a Gross revenue, 9b Less: direct expenses, 9c Net income or (loss), 10a Gross sales of inventory, 10b Less: cost of goods sold, 10c Gross profit or (loss), 11 Other revenue, 12 Total revenue, 13 Program services, 14 Management and general, 15 Fundraising, 16 Payments to affiliates, 17 Total expenses, 18 Excess or (deficit) for the year, 19 Net assets or fund balances at beginning of year, 20 Other changes in net assets, 21 Net assets or fund balances at end of year.

57

17

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ 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	0.	0.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	354.	354.	
34	Telephone	34	542.	542.	
35	Postage and shipping	35	545.	545.	
36	Occupancy	36	801.	801.	
37	Equipment rental and maintenance	37	263.	263.	
38	Printing and publications	38	2,314.	2,314.	
39	Travel	39	776.	776.	
40	Conferences, conventions, and meetings	40	543.	543.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	59,712.	59,712.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	65,850.	65,850.	0.

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 \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **▶**

PROVIDE ADVOCACY AND EDUCATION REGARDING REPRODUCTIVE CHOICE.

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.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	PROVIDE ADVOCACY AND EDUCATION REGARDING REPRODUCTIVE CHOICE.	
	(Grants and allocations \$ _____)	65,850.
b		
	(Grants and allocations \$ _____)	
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)	65,850.

Part IV Balance Sheets

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	2,976.	70,352.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	1,549.	
	b Less: allowance for doubtful accounts		1,549.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other		
	57 a Land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
58 Other assets (describe)			
59 Total assets (add lines 45 through 58) (must equal line 74)	2,976.	71,901.	
Liabilities	60 Accounts payable and accrued expenses	2,505.	29,260.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe)		
66 Total liabilities (add lines 60 through 65)	2,505.	29,260.	
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	471.	42,641.
	68 Temporarily restricted		
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	471.	42,641.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,976.	71,901.	

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.

PLANNED PARENTHOOD ADVOCATES OF GREATER INDIANA, INC.

Form 990 (2003)*

35-1959672

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Part VI Other Information		Yes	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		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
If "Yes," attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
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?	79		X
If "Yes," attach a statement			
80 a 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	X	
b If "Yes," enter the name of the organization SEE STATEMENT 3 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 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?	88		X
If "Yes," complete Part IX			
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?	89b		X
If "Yes," attach a statement explaining each transaction			
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed INDIANA			
b Number of employees employed in the pay period that includes March 12, 2003	90b		0
91 The books are in care of LINDA DILLON Telephone no. (317) 637-4343			

Located at **200 S. MERIDIAN ST., SUITE 400, INDIANAPOLIS, IN** ZIP +4 **46225**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	112.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		112.	0.
105 Total (add line 104, columns (B), (D), and (E))					112.

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 page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

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.

Signature of officer: John Guggenheim Date: _____ Type or print name and title: John Guggenheim, C.O.O

Paid Preparer's Use Only: Preparer's signature: Timothy A. Hall Date: 3-29-05 Check if self-employed: Preparer's SSN or PTIN: P0029339

Firm's name (or yours if self-employed), address, and ZIP + 4: CROWE CHIZEK AND COMPANY LLC
3815 RIVER CROSSING PKWY, SUITE 300
INDIANAPOLIS, IN 46240

EIN: 35-0921680 Phone no.: 317-569-8989

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACTUAL SERVICES	3,498.	3,498.		
INSURANCE	400.	400.		
DUES	570.	570.		
ALLOCATED WAGES	33,098.	33,098.		
FRINGE BENEFITS	5,347.	5,347.		
MISCELLANEOUS EXPENSES	16,799.	16,799.		
TOTAL TO FM 990, LN 43	59,712.	59,712.		

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALAN D. ALBRIGHT 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK		0.	0. 0.
FIORA PIZZO ALICEA 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK		0.	0. 0.
GEORGE BAKKER 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	TREASURER 1 HR/WK		0.	0. 0.
ALICE BENNETT 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK		0.	0. 0.
JAYSON M. BOYERS 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK		0.	0. 0.

PLANNED PARENTHOOD ADVOCATES OF GREATER

35-1959672

PAUL CARMONY 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
BARRY A. CHAMBERS 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
ROBERT EDMANDS, M.D. 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
BETH EILER, ACSW 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
CLAUDETTE EINHORN 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
LAURA A. HELMKE 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
EDWARD ALLEN HOWARD 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	SECRETARY 1 HR/WK	0.	0.	0.
PAMELA HUMES 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
CHERYL KUZMAN 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
ROBIN H. LEDYARD, MD 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.

PLANNED PARENTHOOD ADVOCATES OF GREATER

35-1959672

CATHERINE LOVE-JACOBSON 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
ELIZABETH LYON 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
PATRICIA MARCH 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
ROSE C. MAYS 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
DEE MOSER 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
BETSY RUSS 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
DEBORAH SIMON 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
DORIS SIMS 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
STUART SMITH 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
MARY RUTH SNYDER, PHD 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	CHAIR 1 HR/WK	0.	0.	0.

MARIANNE STOUT 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
MARYANN THOMPSON 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	CHAIR-ELECT 1 HR/WK	0.	0.	0.
CAT VOORS 200 SOUTH MERIDIAN STREET, SUITE 400 INDIANAPOLIS, IN 46225	DIRECTOR 1 HR/WK	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>0.</u>	<u>0.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 3
PART VI, LINE 80B

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
PLANNED PARENTHOOD OF GREATER INDIANA, INC.	X	

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- 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 Advocates of Greater Indiana, Inc.	Employer identification number 35 1959672
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 S. Meridian Street, Suite 400	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Indianapolis, IN 46225	

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 **February 15**, 20**05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20... or
► tax year beginning **July 1**, 20**03**, and ending **June 30**, 20**04**.

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 ► Linda S. Dillon Title ► Controller Date ► 11/12/04

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- 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. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization PLANNED PARENTHOOD ADVOCATES OF GREATER INDIANA, INC.	Employer identification number 35-1959672
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 SOUTH MERIDIAN STREET, NO. 400	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. INDIANAPOLIS, IN 46225	

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 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 MAY 16, 2005

5 For calendar year _____, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004

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
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

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 \$ N/A

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 [Signature] Title CAA Date 2/11/05

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 the 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 _____

Director _____ 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 CROWE CHIZEK AND COMPANY LLC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 3815 RIVER CROSSING PKWY, SUITE 300
	City or town, province or state, and country (including postal or ZIP code) INDIANAPOLIS, IN 46240
	323832 05-01-03