

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2003Open to Public
Inspection**A For the 2003 calendar year, or tax year beginning**

and ending

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
Instruc-
tions**C Name of organization****COMPREHENSIVE HEALTH OF PLANNED
PARENTHOOD OF KANSAS AND MID-MISSOURI**

Number and street (or P.O. box if mail is not delivered to street address)

4401 WEST 109TH STREET

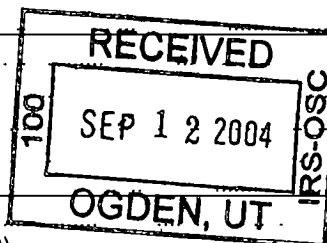
Room/suite

200

City or town, state or country, and ZIP + 4

OVERLAND PARK, KS 66211**D Employer identification number****48-0847946****E Telephone number****(913) 312-5100****F Accounting method:**☐ Cash ☒ Accrual
☐ 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 ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶ **WWW.COMPREHENSIVEHEALTH.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.**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶**2,343,456.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received					
	a Direct public support	1a				
	b Indirect public support	1b				
	c Government contributions (grants)	1c				
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d				0.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				2,342,898.
	3 Membership dues and assessments	3				
	4 Interest on savings and temporary cash investments	4				
	5 Dividends and interest from securities	5				
	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					
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less cost or other basis and sales expenses	8a		8b		
	c Gain or (loss) (attach schedule)	8c				
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	b Less direct expenses other than fundraising expenses	9b				
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	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				558.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				2,343,456.	
Expenses	13 Program services (from line 44, column (B))	13				2,091,918.
	14 Management and general (from line 44, column (C))	14				
	15 Fundraising (from line 44, column (D))	15				
	16 Payments to affiliates (attach schedule)	16				
	17 Total expenses (add lines 16 and 44, column (A))	17				2,091,918.
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18				251,538.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19				<395,077.>
	20 Other changes in net assets or fund balances (attach explanation)	20				0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				<143,539.>

323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

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

Joint Costs. Check ☐ if you are following SOP 98-2

► ☐ Yes ☒ No

Part III	Statement of Program Service Accomplishments
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Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

(Grants and allocations \$)	2,091,918.
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(Grants and allocations \$)

(Grants and allocations \$)

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,091,918.
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**COMPREHENSIVE HEALTH OF PLANNED
PARENTHOOD OF KANSAS AND MID-MISSOURI**

Form 990 (2003)

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Part IV Balance Sheets

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	54,215.	45	157,102.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	11,997.		
	b Less allowance for doubtful accounts		47c	11,997.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	27,268.	52	35,009.
	53 Prepaid expenses and deferred charges	44,949.	53	66,932.
	54 Investments - securities ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	302,845.			
b Less accumulated depreciation	244,549.	57c	58,296.	
58 Other assets (describe ▶)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	215,869.	59	329,336.	
Liabilities	60 Accounts payable and accrued expenses	45,665.	60	23,396.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 3)	565,281.	65	449,479.
66 Total liabilities (add lines 60 through 65)	610,946.	66	472,875.	
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	<395,077.>	67	<143,539.>
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	<395,077.>	73	<143,539.>
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	215,869.	74	329,336.

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.

a	Total expenses and losses per audited financial statements	a	2,091,918.
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) through (4)	b	0.
c	Line a minus line b	c	2,091,918.
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) _____ \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,091,918.

**COMPREHENSIVE HEALTH OF PLANNED
PARENTHOOD OF KANSAS AND MID-MISSOURI**

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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? If "Yes," attach a conformed copy of the changes	77	X
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? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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 4 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? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
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? N/A	85h	
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed KANSAS & MISSOURI		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 23		
91	The books are in care of COMPREHENSIVE HEALTH OF PLANNED PAR Telephone no (913) 312-5100		
	Located at 4401 WEST 109TH STREET, OVERLAND PARK, KS. ZIP + 4 66211		
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		

**COMPREHENSIVE HEALTH OF PLANNED
PARENTHOOD OF KANSAS AND MID-MISSOURI**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PATIENT SERVICES					2,342,898.
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					
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 MISCELLANEOUS			01	558.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		558.	2,342,898.
105 Total (add line 104, columns (B), (D), and (E))					2,343,456.

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)
93A	PATIENT FEES FOR MEDICAL CARE, TESTS, & PHARMACEUTICALS.

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: Peter B. Brownlie Date: 8/31/04 Type or print name and title: Peter B. Brownlie, CEO

Preparer's signature: Wayne P. Left Date: AUG 19 2004 Check if self-employed: ☐ Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: IFFT & CO. PA
11030 GRANADA LN, SUITE 100
OVERLAND PARK, KS 66211

EIN: _____ Phone no: (913) 345-1120

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2003

Name of the organization **COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI** Employer identification number **48 0847946**

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
NOT LISTED FOR SECURITY REASONS	PHYSICIAN			
	37.5	355,626.		
NOT LISTED FOR SECURITY REASONS	NURSE			
	37.5	51,235.		
Total number of other employees paid over \$50,000	▶ 0			

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
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

COMPREHENSIVE HEALTH OF PLANNED

Schedule A (Form 990 or 990-EZ) 2003 **PARENTHOOD OF KANSAS AND MID-MISSOURI**

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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 ► \$ _____ \$ _____ (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	1	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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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)

Schedule A (Form 990 or 990-EZ) 2003

COMPREHENSIVE HEALTH OF PLANNED

Schedule A (Form 990 or 990-EZ) 2003 **PARENTHOOD OF KANSAS AND MID-MISSOURI**

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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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	100.				100.
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	2,168,630.	2,138,801.	951,170.	1,893,150.	7,151,751.
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			13,408.	10,774.	24,182.
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.	431.	603.	SEE STATEMENT 5	700.	1,734.
23 Total of lines 15 through 22	2,169,161.	2,139,404.	964,578.	1,904,624.	7,177,767.
24 Line 23 minus line 17	531.	603.	13,408.	11,474.	26,016.
25 Enter 1% of line 23	21,692.	21,394.	9,646.	19,046.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					N/A
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					N/A
e Public support (line 26c minus line 26d total)					N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					N/A %
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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
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. (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 7,151,751. 20 _____ 21 _____					7,151,851.
d Add: Line 27a total 0. and line 27b total 0.					0.
e Public support (line 27c total minus line 27d total)					7,151,851.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			7,177,767.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.6389%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					.3369%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

COMPREHENSIVE HEALTH OF PLANNED

Schedule A (Form 990 or 990-EZ) 2003 **PARENTHOOD OF KANSAS AND MID-MISSOURI**

48-0847946 Page **4**

Part V

Private School Questionnaire (See page 7 of the instructions)

N/A

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

	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.)		
<hr/>		
<hr/>		
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)		
<hr/>		
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)		
<hr/>		
<hr/>		
34 a 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		

Schedule A (Form 990 or 990-EZ) 2003

N/A

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

(b)
To be completed for ALL
electing organizations

N/A

- 36
37
38
39
40
41
42
43
44

N/A

[illegible]

323141
12-05-03

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

Schedule A (Form 990 or 990-EZ) 2003

**PLANNED PARENTHOOD OF KS & MID-MO
DEPRECIATION SCHEDULE
DECEMBER 31, 2003**

FIXED ASSETS

<u>DESCRIPTION</u>	<u>PPKM ORIGINAL COST</u>	<u>CHPPKM ORIGINAL COST</u>	<u>TOTAL ORIGINAL COST</u>
LAND	\$ 559,053		\$ 559,053
BUILDINGS	\$ 1,246,483		\$ 1,246,483
LEASEHOLD IMPROVEMENTS	\$ 2,682,030	\$ 20,925	\$ 2,702,955
FURNITURE & FIXTURES	\$ 1,190,473	\$ 281,919	\$ 1,472,392
SUBTOTAL	\$ 5,678,039	\$ 302,844	\$ 5,980,883
NONCOMPETE AGREEMENT	\$ 100,000		\$ 100,000
TOTAL	\$ 5,778,039	\$ 302,844	\$ 6,080,883

ACCUMULATED DEPRECIATION

<u>DESCRIPTION</u>	<u>PPKM ACCUM DEPR</u>	<u>CHPPKM ACCUM DEPR</u>	<u>TOTAL ACCUM DEPR</u>
BUILDINGS	\$ 182,750		\$ 182,750
LEASEHOLD IMPROVEMENTS	\$ 1,324,250	\$ 7,847	\$ 1,332,097
FURNITURE & FIXTURES	\$ 950,121	\$ 236,702	\$ 1,186,823
SUBTOTAL	\$ 2,457,121	\$ 244,549	\$ 2,701,670
NONCOMPETE AGREEMENT	\$ 100,000		\$ 100,000
TOTAL	\$ 2,557,121	\$ 244,549	\$ 2,801,670

DEPRECIATION/AMORTIZATION

<u>DESCRIPTION</u>	<u>PPKM 2003 DEPR</u>	<u>CHPPKM 2003 DEPR</u>	<u>TOTAL 2003 DEPR</u>
BUILDINGS	\$ 34,347		\$ 34,347
LEASEHOLD IMPROVEMENTS	\$ 115,159	\$ 2,092	\$ 117,251
FURNITURE & FIXTURES	\$ 90,244	\$ 27,481	\$ 117,725
SUBTOTAL	\$ 239,750	\$ 29,573	\$ 269,323
NONCOMPETE AGREEMENT	\$ -	\$ -	\$ -
TOTAL	\$ 239,750	\$ 29,573	\$ 269,323

FORM 990	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
OTHER PERSONNEL COSTS	12,141.	12,141.			
TEMPORARY EMPLOYMENT	28,652.	28,652.			
PROFESSIONAL FEES	171,140.	171,140.			
MEDICAL LIABILITY INSURANCE	76,697.	76,697.			
UNCOLLECTIBLE PATIENT ACCOUNTS	45,592.	45,592.			
ADVERTISING	24,485.	24,485.			
DUES & SUBSCRIPTIONS	588.	588.			
BANK FEES	15,757.	15,757.			
OTHER	1,047.	1,047.			
LABORATORY FEES	25,968.	25,968.			
TOTAL TO FM 990, LN 43	402,067.	402,067.			

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	2
	PART III		

EXPLANATION

TO PROVIDE CONFIDENTIAL REPRODUCTIVE AND RELATED HEALTH CARE SERVICES TO AREA RESIDENTS AND TO SERVE AS A RESOURCE FOR SEX EDUCATION.

FORM 990	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION		AMOUNT	
ACCRUED PAYROLL & WITHHOLDINGS		26,941.	
DUE TO PLANNED PARENTHOOD OF KS & MID-MO		422,538.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		449,479.	

FORM '990	IDENTIFICATION OF RELATED ORGANIZATIONS	STATEMENT	4
	PART VI, LINE 80B		

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PLANNED PARENTHOOD OF KS & MID-MO 44-0565390	X	
PLANNED PARENTHOOD ADVOCATES OF KS & MID-MO 43-1621500	X	

SCHEDULE A	OTHER INCOME	STATEMENT	5
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DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	431.	603.	0.	700.
TOTAL TO SCHEDULE A, LINE 22	431.	603.	0.	700.

- 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 COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI	Employer identification number 48-0847946
	Number, street, and room or suite no. If a P.O. box, see instructions. 4401 WEST 109TH STREET, NO. 200	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OVERLAND PARK, KS 66211	

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 NOVEMBER 15, 2004.
- 5 For calendar year 2003, or other tax year beginning _____ and ending _____.
- 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
ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

- 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 *M. J. Gato* Title CPA Date 8/9/04

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 IFFT & CO. PA
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 11030 GRANADA LN, SUITE 100
	City or town, province or state, and country (including postal or ZIP code) OVERLAND PARK, KS 66211

**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 ☒ **X**
- 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	Name of Exempt Organization COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI	Employer identification number 48-0847946
	Number, street, and room or suite no. If a P.O. box, see instructions. 4401 WEST 109TH STREET, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OVERLAND PARK, KS 66211	

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 **AUGUST 16, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year **2003** or
- ▶ ☐ tax year beginning _____, and ending _____.

- 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 \$ _____ **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 ▶ *Mark W. Goto* Title ▶ CPA Date ▶ 5/6/04

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)