

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

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

A For the 2004 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) 345-1400****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 ▶**2,410,832.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a****44,232.****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **44,232.** noncash \$)**1d****44,232.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2****2,365,910.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4****5** Dividends and interest from securities**5****6 a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****d** Investment income (describe ▶)**7****e** Gross amount from sales of assets other**(A)** Securities**(B)** Other

than inventory

8a**f** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****e** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**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****10 a** 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****690.****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12****2,410,832.****13** Program services (from line 44, column (B))**13****2,543,381.****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****2,543,381.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18****<132,549.>****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****<143,539.>****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****<276,088.>**423001
01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

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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 \$)	2,543,381.
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(Grants and allocations \$)
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(Grants and allocations \$)

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,543,381.
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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	157,102.	45	3,193.
	46 Savings and temporary cash investments		46	224,758.
	47 a Accounts receivable	47a 34,060.		
	b Less: allowance for doubtful accounts	47b	11,997.	47c 34,060.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	35,009.	52	34,515.
	53 Prepaid expenses and deferred charges	66,932.	53	51,869.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b		55c
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 380,970.			
b Less: accumulated depreciation	57b 267,180.	58,296.	57c 113,790.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	329,336.	59	462,185.	
Liabilities	60 Accounts payable and accrued expenses	23,396.	60	34,924.
	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 <input type="checkbox"/> SEE STATEMENT 3)	449,479.	65	703,349.
66 Total liabilities (add lines 60 through 65)	472,875.	66	738,273.	
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	<143,539.>	67	<276,088.>
	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)	<143,539.>	73	<276,088.>	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	329,336.	74	462,185.	

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.

**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 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	
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 90b 33		
b Number of employees employed in the pay period that includes March 12, 2004		
91 The books are in care of COMPREHENSIVE HEALTH OF PLANNED PAR Telephone no (913) 345-1400		
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 <input type="checkbox"/> 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.)

	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					2,365,910.
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	690.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		690.	2,365,910.
105 Total (add line 104, columns (B), (D), and (E))					2,366,600.

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	Date	Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed) address and ZIP + 4	EIN		Phone no

IFFT & CO. PA
11030 GRANADA LN, SUITE 100
OVERLAND PARK, KS 66211

(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

2004

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
<u>NOT LISTED FOR SECURITY REASONS</u> 4401 WEST 109TH STREET, OVERLAND PARK, KS 66211	PHYSICIAN 37.5	232,676.		
<u>NOT LISTED FOR SECURITY REASONS</u> 4401 WEST 109TH STREET, OVERLAND PARK, KS 66211	NURSE 37.5	53,484.		
<u>NOT LISTED FOR SECURITY REASONS</u> 4401 WEST 109TH STREET, OVERLAND PARK, KS 66211	MED. DIR/PHYS 37.5	88,996.		
<u>NOT LISTED FOR SECURITY REASONS</u> 4401 WEST 109TH STREET, OVERLAND PARK, KS 66211	CLINICAL DIR 37.5	55,180.		
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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶	0	

COMPREHENSIVE HEALTH OF PLANNED

Schedule A (Form 990 or 990-EZ) 2004

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 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 5 of the instructions.)

COMPREHENSIVE HEALTH OF PLANNED

Schedule A (Form 990 or 990-EZ) 2004

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) 2003	(b) 2002	(c) 2001	(d) 2000	(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	2,352,947.	2,168,630.	2,138,801.	951,170.	7,611,548.
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.	13,408.
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.	558.	431.	603.		1,592.
23 Total of lines 15 through 22	2,353,505.	2,169,161.	2,139,404.	964,578.	7,626,648.
24 Line 23 minus line 17	558.	531.	603.	13,408.	15,100.
25 Enter 1% of line 23	23,535.	21,692.	21,394.	9,646.	
26 Organizations described on lines 10 or 11	<p>a Enter 2% of amount in column (e), line 24 ▶ 26a N/A</p> <p>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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b N/A</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c N/A</p> <p>d Add. Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d N/A</p> <p>e Public support (line 26c minus line 26d total) ▶ 26e N/A</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f N/A %</p>				
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:	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	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.	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	0.
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 <u>7,611,548.</u> 20 _____ 21 _____ ▶ 27c 7,611,648.					
d Add. Line 27a total _____ 0. and line 27b total _____ 0. ▶ 27d 0.					
e Public support (line 27c total minus line 27d total) ▶ 27e 7,611,648.					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f 7,626,648.					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g 99.8033%					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h .1758%					
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.	NONE				

COMPREHENSIVE HEALTH OF PLANNED

Schedule A (Form 990 or 990-EZ) 2004 **PARENTHOOD OF KANSAS AND MID-MISSOURI**

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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?	29	
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?	30	
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.)	31	
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
<hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2004

N/A

N/A

Schedule A (Form 990 or 990-EZ) 2004

**PLANNED PARENTHOOD OF KS & MID-MO
DEPRECIATION SCHEDULE
DECEMBER 31, 2004**

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	\$ 1,257,358		\$ 1,257,358
LEASEHOLD IMPROVEMENTS	\$ 2,715,905	\$ 20,925	\$ 2,736,830
FURNITURE & FIXTURES	\$ 1,097,402	\$ 360,045	\$ 1,457,447
SUBTOTAL	\$ 5,629,718	\$ 380,970	\$ 6,010,688
NONCOMPETE AGREEMENT	\$ 100,000		\$ 100,000
TOTAL	\$ 5,729,718	\$ 380,970	\$ 6,110,688

ACCUMULATED DEPRECIATION

<u>DESCRIPTION</u>	<u>PPKM ACCUM DEPR</u>	<u>CHPPKM ACCUM DEPR</u>	<u>TOTAL ACCUM DEPR</u>
BUILDINGS	\$ 218,184		\$ 218,184
LEASEHOLD IMPROVEMENTS	\$ 1,439,926	\$ 9,939	\$ 1,449,865
FURNITURE & FIXTURES	\$ 949,932	\$ 257,241	\$ 1,207,173
SUBTOTAL	\$ 2,608,042	\$ 267,180	\$ 2,875,222
NONCOMPETE AGREEMENT	\$ 100,000		\$ 100,000
TOTAL	\$ 2,708,042	\$ 267,180	\$ 2,975,222

DEPRECIATION/AMORTIZATION

<u>DESCRIPTION</u>	<u>PPKM 2004 DEPR</u>	<u>CHPPKM 2004 DEPR</u>	<u>TOTAL 2004 DEPR</u>
BUILDINGS	\$ 35,434		\$ 35,434
LEASEHOLD IMPROVEMENTS	\$ 119,015	\$ 2,092	\$ 121,107
FURNITURE & FIXTURES	\$ 93,197	\$ 20,538	\$ 113,735
SUBTOTAL	\$ 247,646	\$ 22,630	\$ 270,276
NONCOMPETE AGREEMENT	\$ -	\$ -	\$ -
TOTAL	\$ 247,646	\$ 22,630	\$ 270,276

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OTHER PERSONNEL COSTS	25,691.	25,691.		
TEMPORARY EMPLOYMENT	67,572.	67,572.		
PROFESSIONAL FEES	506,257.	506,257.		
MEDICAL LIABILITY INSURANCE	91,417.	91,417.		
UNCOLLECTIBLE PATIENT ACCOUNTS	38,296.	38,296.		
ADVERTISING	26,969.	26,969.		
DUES & SUBSCRIPTIONS	1,636.	1,636.		
BANK FEES	16,412.	16,412.		
OTHER	1,677.	1,677.		
LABORATORY FEES	32,961.	32,961.		
TOTAL TO FM 990, LN 43	808,888.	808,888.		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 2
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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		42,101.
DUE TO PLANNED PARENTHOOD OF KS & MID-MO		661,248.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		703,349.

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	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	558.	431.	603.	0.
TOTAL TO SCHEDULE A, LINE 22	558.	431.	603.	0.

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)
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD OF KANSAS AND MID-MISSOURI	Employer identification number 48-0847946
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 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 |

- The books are in the care of ► **COMPREHENSIVE HEALTH OF PLANNED PARENTHOOD**
Telephone No ► **(913) 312-5100** FAX No ► _____
- 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-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2004** 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions