

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)

OMB No 1545-0047

2002

Open to Public Inspection

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

A For the 2002 calendar year, or tax year beginning **and ending**

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

C Name of organization
PLANNED PARENTHOOD OF NYC, INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
26 BLEECKER STREET
 City or town State or country ZIP + 4
NEW YORK NY 10012-2413

D Employer identification number
13-2621497

E Telephone number
(212) 274-7230

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? Yes No
 (If "No" attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site **www.ppnyc.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.

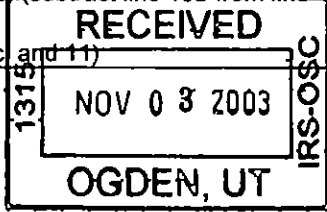
I Enter 4-digit GEN _____

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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **17,996,695**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	9,177,697		
	b Indirect public support	1b	72,566		
	c Government contributions (grants)	1c	5,643,675		
	d TOTAL (add lines 1a through 1c) (cash \$ 14,508,360 noncash \$ 385,578)	1d			14,893,938
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			10,385,249
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			2,196,131
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c	-9,960,508	0	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-9,960,508
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ 59,830 of contributions reported on line 1a)	9a	437,196		
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			437,196
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			0
11 Other revenue (from Part VII, line 103)	11			44,689	
12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			17,996,695	
Expenses	13 Program services (from line 44, column (B))	13			21,984,894
	14 Management and general (from line 44, column (C))	14			895,981
	15 Fundraising (from line 44, column (D))	15			1,937,910
	16 Payments to affiliates (attach schedule)	16			230,957
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17			25,049,742
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-7,053,047
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			84,079,727
	20 Other changes in net assets or fund balances (attach explanation)	20			1,870,279
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			78,896,959



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 (See page 21 of the instructions)

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	0		
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	0		
26	Other salaries and wages	26	11,542,077	10,430,273	392,344
27	Pension plan contributions	27	492,464	432,473	23,235
28	Other employee benefits	28	1,330,015	1,231,866	43,595
29	Payroll taxes	29	880,841	800,134	29,912
30	Professional fundraising fees	30	107,625		107,625
31	Accounting fees	31	107,794	80,160	20,660
32	Legal fees	32	95,603	74,228	15,981
33	Supplies	33	1,546,026	1,529,629	11,449
34	Telephone	34	363,740	344,633	14,285
35	Postage and shipping	35	161,001	59,565	2,557
36	Occupancy	36	1,819,785	1,675,126	108,002
37	Equipment rental and maintenance	37	474,893	440,037	26,059
38	Printing and publications	38	203,252	133,750	2,238
39	Travel	39	237,068	234,276	1,964
40	Conferences, conventions, and meetings	40	210,769	89,059	7,500
41	Interest	41	68,217	50,498	13,247
42	Depreciation, depletion, etc (attach schedule)	42	973,036	720,301	188,952
43	Other expenses not covered above (itemize) a _____	43a	4,204,579	3,658,886	-5,999
	b _____	43b	0		
	c _____	43c	0		
	d _____	43d	0		
	e _____	43e	0		
	f _____	43f	0		
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	24,818,785	21,984,894	895,981

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 (See page 24 of the instructions)	Program Service Expenses Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
	What is the organization's primary exempt purpose? <input type="checkbox"/> _____ 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)	
a	Clinical Services - Provide accurate information and quality reproductive health care so that all individuals can make informed choices. Services include gynecological exams, family planning, abortion, HIV testing and counseling. 72906 visits for health services during 2002. (Grants and allocations \$ _____)	16,270,790
b	Education Program - Teaching real-life skills to adults and young people so that they can be well-informed, serve as role models and improve their own health and that of their communities. Research and pilot sexuality education in communities and classrooms. (Grants and allocations \$ _____)	2,229,244
c	International programs - Seeds voluntary efforts to help teach individuals about healthy sexual behavior, sexually transmitted diseases and contraceptive methods. Activities include resident advisory office in South Africa, as well as teaching activities in numerous other countries. (Grants and allocations \$ _____)	1,974,172
d	Public Information - Promote the right to privacy and freedom of choice in managing reproductive decisions and sexual behavior. Inform the public on current issues regarding reproductive rights, new contraceptive technologies and related health issues. Activities include conferences, public service ads, speeches and presentations. (Grants and allocations \$ _____)	1,510,688
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	TOTAL OF PROGRAM SERVICE EXPENSES (should equal line 44, column (B), Program services)	21,984,894

Part IV Balance Sheets (See page 24 of the instructions)

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
45	Cash - non-interest-bearing	1,329,770	45	724,589
46	Savings and temporary cash investments		46	
47 a	Accounts receivable	2,772,007		
47 b	Less allowance for doubtful accounts	-83,871	47c	2,688,136
48 a	Pledges receivable	1,428,650		
48 b	Less allowance for doubtful accounts	0	48c	1,428,650
49	Grants receivable	2,107,543	49	1,992,948
50	Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
51 a	Other notes and loans receivable (attach schedule)	0		
51 b	Less allowance for doubtful accounts	0	51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	243,594	53	119,595
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	69,564,090	54	65,538,538
55 a	Investments - land, buildings, and equipment basis	0		
55 b	Less accumulated depreciation (attach schedule)	0	55c	0
56	Investments - other (attach schedule)	0	56	0
57 a	Land, buildings, and equipment basis	15,107,550		
57 b	Less accumulated depreciation (attach schedule)	-6,550,826	57c	8,556,724
58	Other assets (describe <input type="checkbox"/> Deposits)	30,886	58	34,187
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	87,248,107	59	81,083,367
60	Accounts payable and accrued expenses	885,569	60	1,183,075
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
64 b	Mortgages and other notes payable (attach schedule)	1,580,000	64b	0
65	Other liabilities (describe <input type="checkbox"/> See attached worksheet)	702,811	65	1,003,333
66	TOTAL LIABILITIES (add lines 60 through 65)	3,168,380	66	2,186,408
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	7,359,267	67	663,262
68	Temporarily restricted	6,394,756	68	5,387,993
69	Permanently restricted	70,325,704	69	72,845,704
	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)	84,079,727	73	78,896,959
74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	87,248,107	74	81,083,367

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See page 31 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) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a Patient Service & Sales of Supplies					10,266,250
b Professional Training Fees					118,999
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			14	2,196,131	
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			18	-9,960,508	
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 Special Events					437,196
b Miscellaneous					44,689
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		-7,764,377	10,867,134
105 TOTAL (add line 104 columns (B), (D), and (E))					3,102,757

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 32 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)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 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: *TC Westcott* Date: 10/17/2003

Type or print name and title: TC Westcott Sr. VP & CFO

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

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

2002

Department of the Treasury
Internal Revenue Service

Name of the organization PLANNED PARENTHOOD OF NYC, INC	Employer identification number 13-2621497
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Momtaz, M c/o Planned Parenthood of NYC 26 Bleecker Street NY, NY 10012	Medical Director, 28	310,064	72,617	
Zupnick, Gerald c/o Planned Parenthood of NYC 26 Bleecker Street NY, NY 10012	Physician	202,210	47,358	
Fahmy, Ahmed M c/o Planned Parenthood of NYC 26 Bleecker Street NY, NY 10012	Physician	167,444	39,215	
Westcott, Theresa C c/o Planned Parenthood of NYC 26 Bleecker Street NY NY 10012	Senior VP & CFO, 35	162,508	38,059	
Atkin, Lucille C c/o Planned Parenthood of NYC 26 Bleecker Street NY, NY 10012	VP, International, 35	145,561	34,090	
Total number of other employees paid over \$50,000	65			

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
Resources Anesthesiology Association 145 Huguenot Street #103 New Rochelle, NY 10801	Anesthesiology Services	831,397
Family Plannng Advocates One New York State, 17 Elk Street Albany, NY 12207	Consulting on Gov't Relations	174,923
John Mandel Security 611 Jackson Avenue Bronx, NY 10455	Security Guard Service	171,424
Public Media Center 466 Green Street San Francisco, Ca 94133	Media and PR Consulting Services	75,641
Goldstein Golub Kessler 1177 Avenue of the Americas , 16 Floor New York, NY 10036-2714	Accounting and Consulting Services A	59,625
Total number of others receiving over \$50,000 for professional services	1	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>24,694</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See NOTE below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 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)
- 11 a 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)
- 11 b 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)

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	13,749,739	14,621,766	15,543,764	14,150,767	58,066,036
16 Membership fees received					0
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	8,941,097	7,235,916	7,469,276	7,165,337	30,811,626
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	-7,419,989	-2,352,764	13,621,624	458,954	4,307,825
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	15,270,847	19,504,918	36,634,664	21,775,058	93,185,487
24 Line 23 minus line 17	6,329,750	12,269,002	29,165,388	14,609,721	62,373,861
25 Enter 1% of line 23	152,708	195,049	366,347	217,751	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	a Enter 2% of amount in column (e), line 24				26a 1,247,477
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 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					26b 1,450,805
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 62,373,861
d Add Amounts from column (e) for lines	18 4,307,825	19 0			
	22 0	26b 1,450,805			26d 5,758,630
e Public support (line 26c minus line 26d total)					26e 56,615,231
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 90.77%
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.				
(2001)	(2000)	(1999)	(1998)		
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.					
(2001)	(2000)	(1999)	(1998)		
c Add Amounts from column (e) for lines	15 0	16 0			
	17 0	20 0	21 0		
d Add Line 27a total	0	and line 27b total	0		
e Public support (line 27c total minus line 27d total)					27c 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27d 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27e 0
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27f 0
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.					27g 0.00%
					27h 0.00%

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	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?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	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?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			

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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	2,228
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	22,466
38	Total lobbying expenditures (add lines 36 and 37)	38	0 24,694
39	Other exempt purpose expenditures	39	25,025,048
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 25,049,742
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	0 1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 0

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	
45	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46	Lobbying ceiling amount (150% of line 45(e))					6,000,000
47	Total lobbying expenditures	24,694	99,581	48,350	37,007	209,632
48	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49	Grassroots ceiling amount (150% of line 48(e))					1,500,000
50	Grassroots lobbying expenditures					0

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0

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

Line 16 (Form 990) - Payments to Affiliates		Total:	230,957
1	Membership Payments to Planned Parenthood Federation of America (PPFA)	1	230,957
2	.....	2	.....
3	.....	3	.....
4	.....	4	.....
5	.....	5	.....

Line 8c Column A (Form 990) - Gain or (Loss) from Sale of Securities		Total:	-9,960,508
1	US Trust PPNYC Corporate Account #85261300	1	-72,192
2	US Trust PPNYC Corporate Account # 00015111	2	-9,884,489
3	Sale of Individual Contributor's Stock Gifts	3	-3,827
4	.....	4	.....
5	.....	5	.....

PLANNED PARENTHOOD OF NYC
 SPECIAL EVENTS REVENUE AND EXPENSES
 FOR THE PERIOD ENDING DECEMBER 31, 2002

990 LN 9, PT 1

Special Events	Line #	Family Gathering	Partners	Victory Theater	All Other	Total
Gross Receipts		407,909	61,889	11,586	15,641	497,026
Less: Contributions more than charge	1a/(9a within par)	42,000	12,950	4,880		59,830
Gross Revenue	9a-right hd col	365,909	48,939	6,706	15,641	437,196
Less: Direct Exp-		-	-	-	-	-
Net Income Loss		<u>365,909</u>	<u>48,939</u>	<u>6,706</u>	<u>15,641</u>	<u>437,196</u>

PLANNED PARENTHOOD OF NEW YORK CITY, INC.
EIN-13-2621497
FYE-DECEMBER 31 ,2002

Line 20 (Form 990) Other Changes in Net Assets	TOTAL	1,870,279
Unrealized gain/(loss), effect of FAS 124 on Market valuation of Investments		<u>1,870,279</u>

PLANNED PARENTHOOD OF NEW YORK CITY, INC
EIN-13-2621497
FYE-DECEMBER 31, 2002
Lines 42 & 57 (Form 990) Fixed Assets, Depreciation

	2002	Additions	WIP	Fully Depreciated	Write-offs	2001
Furniture & Fixtures	1,491,784	6,179		-	95,462	1,581,067
Equipment	1,644,363	64,591		-	239,746	1,819,518
Leasehold Improvements	11,971,403	56,063	119,529		-	11,795,811
Total	15,107,549	126,833	119,529	-	335,208	15,196,396
Less accumulated depreciation and amortization	6,550,825	973,036		-	335,208	5,912,997
Net Fixed Assets before Construction in progress	8,556,724	(846,203)		-	670,415	9,283,400
Construction in progress	-	-		-	-	-
	8,556,724	(846,203)			670,415	9,283,400

Depreciation Expense	
2001 Depreciation and Amortization	940,173
Write Offs	32,863
Total	973,036

PLANNED PARENTHOOD OF NEW YORK CITY, INC
EIN-13-2621497
FYE-DECEMBER 31, 2002

Line 43 (Form 990) - Other Expenses

	(A)Total	(B)Program Services	(C) Management and General	(D) Fundraising
Physician Fees	907,153	907,153	0	0
Laboratory Fees & Outside services	593,738	593,738	0	0
Other Professional Fees	935,800	770,133	31,220	134,446
Subscriptions, Advertising & Marketing	573,409	459,458	8,624	105,327
Medical Liability Insurance	384,430	384,430	0	0
Bad Debt Allowance	78,500	58,111	15,244	5,146
Bank Charges and Investment Management Fees	454,724	117,814	30,137	306,773
Stipends	95,841	95,841		
Participant Fees	130,253	130,253		
Other support for abortion	100,000	100,000		
Gain/loss on foreign exchange	(91,224)		(91,224)	-
Miscellaneous Expense	41,955	41,955		
TOTAL	4,204,579	3,658,886	(5,999)	551,692

Planned Parenthood of New York City, Inc
EIN-13-2621497
FYE-DECEMBER 31 ,2002

Line 54 (Form 990)-Investments-Securities

	Beginning	End
1 Equity Securities	41,911,935	20,264,614
2 Corporate Bonds	21,710,340	40,992,167
3 Cash and Cash equivalents	5,895,188	4,281,757
4 Convertible Securities	46,627	

Total Investments-securities	69,564,090	65,538,538
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Planned Parenthood of New York City, Inc
EIN-13-2621497
FYE-DECEMBER 31 ,2002

Line 64b (990) - Mortgages and other notes payable

	<u>Beginning</u>	<u>End</u>
Fleet Bank Line of Credit Loan	880000	
JP Morgan Line of Credit	700000	
Total mortgages and other notes payable	<u>1580000</u>	<u>0</u>

PLANNED PARENTHOOD OF NEW YORK CITY, INC.
EIN-13-2621497
FYE-DECEMBER 31 ,2002

Line 58 (Form 990) PART IV-OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEPOSITS	30,886	34,187
TOTAL	<u>30,886</u>	<u>34,187</u>

Planned Parenthood of New York, Inc.
EIN-13-2621497
FYE-DECEMBER 31, 2002

Line 65 (Form 990) - Other Liabilities

	Beginning	End
Advances	476,971	786,452
Annuities Payable	225,840	216,881
Total other Liabilities	702,811	1,003,333

PLANNED PARENTHOOD OF NEW YORK CITY, INC.
EIN-13-2621497
FYE-DECEMBER 31, 2002

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

DESCRIPTION

Planned Parenthood of New York City is a non-profit organization providing a wide range of reproductive health services, information, training, and counseling to the New York City community. We are a leader in the design and implementation of comprehensive sex education for youth, their parents and teachers, and advocate on behalf of measures that ensure women's health and wellness in New York State and beyond. PPNYC's three Health Centers are licensed by the State of New York and provide affordable, comprehensive, and medically approved reproductive health services and counseling.

PPNYC Board of Directors

Michael Alderman, M D
Planned Parenthood of New York City
26 Bleecker Street
New York, New York 10012

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PLANNED PARENTHOOD OF NYC, INC
26 BLEECKER STREET
NEW YORK, NY 10012-2413

INTERNAL REVENUE SERVICE CENTER
Ogden, UT 84201-0027

Federal Mailing Slip

• 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

Form section for Name of Exempt Organization (PLANNED PARENTHOOD OF NEW YORK CITY, INC), Employer identification number (132621497), and address (26 BLEECKER STREET, NEW YORK, NY 10012).

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

Grid of checkboxes for various tax forms: Form 990 (checked), 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 11/15/2003
5 For calendar year 2002, 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 ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE AND FILE 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 \$ _____

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: Alan Wozl CPA Title: Mgr Date: 7/1/03

Notice to Applicant - To Be Completed by the IRS

Grid of checkboxes for IRS notice: We have approved this application, We have not approved this application (10-day grace period), We have not approved this application (cannot grant extension), We cannot consider this application because it was filed after the due date, Other.

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

Form section for Name (AMER EXP TAX & BUS SVCS INC), Number and street (1185 AVENUE OF THE AMERICAS), and City or town, province or state, and country (NEW YORK, NY 10036).