

Return of Organization Exempt from Income Tax

2001

Under 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

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

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

PLANNED PARENTHOOD OF PASADENA, INC. 1045 NORTH LAKE AVENUE PASADENA, CA 91104

D Employer Identification Number 95-1916050 E Telephone number (626) 794-5737 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 (a) Is this a group return for affiliates? H (b) If 'yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group GEN M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 3,371,809.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, special events, and total revenue/expenses.

SCANNED JUN 24 2004

INSTRUCTIONS

Handwritten signature and date: 1/25/17

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	53,556.		53,556.	
26 Other salaries and wages	26	959,158.	855,599.	58,678.	44,881.
27 Pension plan contributions	27				
28 Other employee benefits	28	194,813.	160,614.	28,622.	5,577.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	82,868.	40,583.	5,590.	36,695.
34 Telephone	34	26,010.	24,682.	902.	426.
35 Postage and shipping	35	18,505.	5,028.	264.	13,213.
36 Occupancy	36	125,774.	108,137.	17,472.	165.
37 Equipment rental and maintenance	37	14,413.	3,369.	10,817.	227.
38 Printing and publications	38				
39 Travel	39	23,755.	16,021.	6,629.	1,105.
40 Conferences, conventions, and meetings	40	10,965.	5,079.	4,983.	903.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	42,687.	34,149.	5,550.	2,988.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	522,863.	392,517.	119,819.	10,527.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,075,367.	1,645,778.	312,882.	116,707.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services \$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>FAMILY PLANNING SERVICES</u> 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) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>PLANNED PARENTHOOD OF PASADENA SERVES THE NORTH SAN GABRIEL VALLEY AREA BY PROVIDING FAMILY PLANNING SERVICES, EDUCATION, COUNSELING, AND ADVOCACY IN REPRODUCTION RIGHTS.</u> (Grants and allocations \$ _____)	1,645,778.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,645,778.

Part IV Balance Sheets (See 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
ASSETS	45 Cash – non-interest-bearing	47,085.	45	67,117.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 140,068.		
	b Less allowance for doubtful accounts	47b	47c	140,068.
			171,653.	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
			3,334.	
	49 Grants receivable		49	59,917.
			41,295.	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less allowance for doubtful accounts	51b	51c	
			43,880.	48,291.
	52 Inventories for sale or use		52	48,291.
53 Prepaid expenses and deferred charges		53	8,845.	
54 Investments – securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54	8,845.	
		1,445,034.	1,088,916.	
55a Investments – land, buildings, & equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments – other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 695,323.			
b Less: accumulated depreciation (attach schedule)	57b 434,587.	57c	260,736.	
	STATEMENT 5	842,646.		
58 Other assets (describe _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)		59	1,673,890.	
		2,603,772.		
LIABILITIES	60 Accounts payable and accrued expenses	80,806.	60	76,436.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe _____)		65	
66 Total liabilities (add lines 60 through 65)		66	76,436.	
		80,806.		
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	2,157,718.	67	1,234,229.
	68 Temporarily restricted	242,833.	68	239,499.
	69 Permanently restricted	122,415.	69	123,726.
	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 and column (B) must equal line 21)		73	1,597,454.
			2,522,966.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		74	1,673,890.	
		2,603,772.		

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,558,743.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 49,500.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	SEE STM 6 \$ 35,938.		
	Add amounts on lines (1) through (4)	b	85,438.
c	Line a minus line b	c	2,473,305.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	SEE STM 7 \$ -661,725.		
	Add amounts on lines (1) and (2)	d	-661,725.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,811,580.

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

a	Total expenses and losses per audited financial statements	a	2,160,805.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 49,500.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	SEE STMT 8 \$ 35,938.		
	Add amounts on lines (1) through (4)	b	85,438.
c	Line a minus line b	c	2,075,367.
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	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,075,367.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		53,556.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See specific instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	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
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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		X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0.</u> , Section 4912 <u>0.</u> , Section 4955 <u>0.</u>		
89b	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		X
89c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958.		0.
89d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	0
91	The books are in care of <u>PLANNED PARENTHOOD OF PASADENA</u> Telephone number <u>(626) 794-5737</u> Located at <u>1045 NORTH LAKE AVENUE, PASADENA, CA</u> ZIP + 4 <u>91104</u>		
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 <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See 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) Exclusion code	(D) Amount	
93 Program service revenue					
a PATIENT SERVICE FEES					92,086.
b SALE OF SUPPLIES					12,911.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	8,490.	
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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	126,019.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS INCOME					2,358.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				134,509.	107,355.
105 Total (add line 104, columns (B), (D), and (E))					241,864.

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 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 &	PATIENTS SERVICE FEES AND SALE OF SUPPLIES HELP TO OFFSET COST OF PROVIDING MEDICAL AND FAMILY PLANNING SERVICES AND EDUCATION.
103	MISCELLANEOUS INCOME FROM PROGRAM ACTIVITIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of Officer: *Corene L. Pindroh* Date: _____

Type or Print Name and Title: _____

Paid Preparer's Use Only

Preparer's Signature: *Corene L. Pindroh* Date: 2/14/03

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): _____

Firm's name (or yours if self-employed) and address, and ZIP + 4: LUCAS, HORSFALL, MURPHY & PINDROH, LLP
100 EAST CORSON ST., STE. 200
PASADENA, CA 91103-3841

EIN: _____ Phone no: (626) 744-5100

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No 1545-0047

(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.)

2001

Supplementary Information — (see separate instructions)

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

Department of the Treasury
Internal Revenue Service

Name of the Organization

PLANNED PARENTHOOD OF PASADENA, INC.

Employer Identification Number

95-1916050

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See 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
MARJORIE LEISURE 720 S. HUDSON, PASADENA, CA	RNP 35 HOURS	61,991.	0.	0.
DEE AKINS 1045 N. LAKE, PASADENA, CA	VP HR/FINANCE 40	55,202.	0.	0.

Total number of other employees paid over \$50,000 ▶	0			

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

(See 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	

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See 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>92,431.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments		

Part IV Reason for Non-Private Foundation Status (See 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 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 instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,503,285.	1,382,607.	1,351,969.	1,351,655.	5,589,516.
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	123,828.	96,092.	81,247.	98,498.	399,665.
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	60,164.	55,682.	56,027.	47,061.	218,934.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,687,277.	1,534,381.	1,489,243.	1,497,214.	6,208,115.
24 Line 23 minus line 17	1,563,449.	1,438,289.	1,407,996.	1,398,716.	5,808,450.
25 Enter 1% of line 23	16,873.	15,344.	14,892.	14,972.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a 116,169.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for Section 509(a)(1) test. Enter line 24, column (e)					26c 5,808,450.
d Add: Amounts from column (e) for lines: 18 <u>218,934.</u> 19 _____					26d 218,934.
22 _____ 26b _____					26e 5,589,516.
e Public support (line 26c minus line 26d total)					26e 5,589,516.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).					26f 96.23 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add: Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f _____					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

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

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

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	30,810.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	61,621.
38	Total lobbying expenditures (add lines 36 and 37)	38	92,431.
39	Other exempt purpose expenditures	39	1,982,936.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	2,075,367.
41	Lobbying nontaxable amount Enter the amount from the following table –		
	If the amount on line 40 is –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41		41	253,768.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	63,442.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount	253,768.	237,100.	234,922.	225,304.	951,094.
46 Lobbying ceiling amount (150% of line 45(e))					1,426,641.
47 Total lobbying expenditures	92,431.	73,185.	83,426.	53,679.	302,721.
48 Grassroots non-taxable amount	63,442.	59,275.	58,731.	56,326.	237,774.
49 Grassroots ceiling amount (150% of line 48(e))					356,661.
50 Grassroots lobbying expenditures	30,810.	24,395.	27,809.	17,893.	100,907.

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

N/A

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

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

PLANNED PARENTHOOD OF PASADENA, INC.

95-1916050

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 825,155.
 COST OR OTHER BASIS: 750,062.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 75,093.

OTHER ASSETS

DESCRIPTION: BUILDING
 DATE ACQUIRED: 4/12/1999
 HOW ACQUIRED: PURCHASE
 DATE SOLD: 6/21/2002
 TO WHOM SOLD:
 GROSS SALES PRICE: 825,155.
 COST OR OTHER BASIS: 774,229.
 DEPRECIATION: 0.

GAIN (LOSS) 50,926.

TOTAL GAIN (LOSS) OTHER ASSETS \$ 50,926.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 126,019.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
FUNDRAISING DINNER	145,794.	109,856.	35,938.	35,938.	0.
TOTALS	<u>\$ 145,794.</u>	<u>\$ 109,856.</u>	<u>\$ 35,938.</u>	<u>\$ 35,938.</u>	<u>\$ 0.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED LOSSES

TOTAL \$ -661,725.

PLANNED PARENTHOOD OF PASADENA, INC.

95-1916050

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
AFFILIATE DUES	37,922.	8,525.	29,397.	
BANK COMPUTER CHARGES	19,398.	223.	19,175.	
CLINICIANS	54,889.	54,889.		
CONSULTANTS	145,008.	69,874.	67,516.	7,618.
CONTRACEPTIVES	136,724.	136,724.		
EDUCATION MATERIALS	13,069.	9,989.	725.	2,355.
LABORATORY FEES	12,270.	12,270.		
LABORATORY SUPPLIES	8,571.	8,571.		
MALPRACTICE INSURANCE	24,282.	20,913.	2,855.	514.
MEDICAL SUPPLIES	37,701.	37,701.		
MEDICATIONS	28,439.	28,439.		
PUBLIC RELATIONS	2,138.	2,027.	111.	
TUITION	2,452.	2,372.	40.	40.
TOTAL	<u>\$ 522,863.</u>	<u>\$ 392,517.</u>	<u>\$ 119,819.</u>	<u>\$ 10,527.</u>

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 291,417.	\$ 181,725.	\$ 109,692.
BUILDINGS	269,369.	225,751.	43,618.
IMPROVEMENTS	72,743.	27,111.	45,632.
LAND	61,794.		61,794.
TOTAL	<u>\$ 695,323.</u>	<u>\$ 434,587.</u>	<u>\$ 260,736.</u>

STATEMENT 6
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

SPECIAL EVENTS EXPENSE		\$ 35,938.
TOTAL		<u>\$ 35,938.</u>

STATEMENT 7
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

NET UNREALIZED LOSSES		\$ -661,725.
TOTAL		<u>\$ -661,725.</u>

PLANNED PARENTHOOD OF PASADENA, INC.

95-1916050

**STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

SPECIAL EVENTS

TOTAL	\$	35,938.
	\$	<u>35,938.</u>

**STATEMENT 9
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHERINE GILLESPIE 186 SIERRA VIEW ROAD PASADENA, CA 91105	BOARD MEMBER AS NEEDED	\$ 0.	\$ 0.	\$ 0.
ANDREA CASTRO 2016 MERIDIAN, #B SOUTH PASADENA, CA 91030	BOARD MEMBER AS NEEDED	0.	0.	0.
ANGIE M. O'BRIEN 1611 PLEASANT WAY PASADENA, CA 91105	1ST VICE CHAIR AS NEEDED	0.	0.	0.
STANFORD TAYLOR 1405 S. OAKLAND AVE. PASADENA, CA 91106	TREASURER AS NEEDED	0.	0.	0.
LISA BERGER 440 S. LOS ROBLES AVE., #3 PASADENA, CA 91101	BOARD MEMBER AS NEEDED	0.	0.	0.
CAROLE BOURDILLON 4927 DEL MONTE ROAD LA CANADA, CA 91011	BOARD MEMBER AS NEEDED	0.	0.	0.
GEORGE BRUMDER 1344 HILL CREST AVE PASADENA, CA 91106	CHAIR AS NEEDED	0.	0.	0.
JESUS ESPARZA 1492 W. COLORADO BLVD, STE D PASADENA, CA 91105	BOARD MEMBER AS NEEDED	0.	0.	0.
LENA KENNEDY 769 N. ORANGE GROVE BLVD. PASADENA, CA 91103	BOARD MEMBER AS NEEDED	0.	0.	0.
HARRY KAWAHARA 1030 NEW YORK DRIVE ALTADENA, CA 91001	2ND VICE CHAIR AS NEEDED	0.	0.	0.

PLANNED PARENTHOOD OF PASADENA, INC.

95-1916050

STATEMENT 9 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
KITTY MCKNIGHT 989 E. CALIFORNIA BLVD. PASADENA, CA 91106	3RD VICE CHAIR AS NEEDED	\$ 0.	\$ 0.	\$ 0.
MRS. ARTIE MORRIS 542 ORANGE GROVE PL PASADENA, CA 91103	BOARD MEMBER AS NEEDED	0.	0.	0.
ANITA FROMHOLZ 1435 AFTON ROAD PASADENA, CA 91103	BOARD MEMBER AS NEEDED	0.	0.	0.
BRUCE PHILPOTT 1418 WESTERN AVE. GLENDALE, CA 91201	BOARD MEMBER AS NEEDED	0.	0.	0.
LUCIA REYES 712 NORTH WILSON AVE. PASADENA, CA 91104	BOARD MEMBER AS NEEDED	0.	0.	0.
LOUISE AGUILAR SCHUCK 3635 SHADOW GROVE ROAD PASADENA, CA 91107	BOARD MEMBER AS NEEDED	0.	0.	0.
NORMAN SHRIFTER, M.D. 1725 CHELSEA ROAD, SAN MARINO, CA 91108	BOARD MEMBER AS NEEDED	0.	0.	0.
KRISTIN TRANQUADA 1836 NORTH MICHIGAN AVE PASADENA, CA 91104	SECRETARY AS NEEDED	0.	0.	0.
DOROTHY GANTVOORT 3778 HAMPSTEAD ROAD LA CANADA FLINTRIDGE, CA 91011	BOARD MEMBER AS NEEDED	0.	0.	0.
VICTORIA BELL 2230 LORAIN RD SAN MARINO, CA 91108	BOARD MEMBER AS NEEDED	0.	0.	0.
FRANK DRYDEN 1535 ARROYO VIEW DRIVE PASADENA, CA 91103	BOARD MEMBER AS NEEDED	0.	0.	0.
SEKOU HENDERSON 2061 N. LOS ROBLES AVE. #206 PASADENA, CA 91104	BOARD MEMBER AS NEEDED	0.	0.	0.

PLANNED PARENTHOOD OF PASADENA, INC.

95-1916050

STATEMENT 9 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SALLY HUGULEY 107 N. OAK AVE. #6 PASADENA, CA 91107	BOARD MEMBER AS NEEDED	\$ 0.	\$ 0.	\$ 0.
JOHN MEAD, MD 945 ELLINGTON LANE PASADENA, CA 91105	BOARD MEMBER AS NEEDED	0.	0.	0.
AUGUSTA PARRINGTON 820 BURLEIGH DRIVE PASADENA, CA 91105	BOARD MEMBER AS NEEDED	0.	0.	0.
BETSY RICHMAN 1212 PINE STREET SOUTH PASADENA, CA 91030	BOARD MEMBER AS NEEDED	0.	0.	0.
ELIZABETH B. CALLETON 525 PROSPECT BLVD PASADENA, CA 91103	PRESIDENT & CEO FULL TIME	53,556.	0.	0.
	TOTAL	<u>\$ 53,556.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

PLANNED PARENTHOOD OF PASADENA, INC.

95-1916050

FORM 990, PART II, LINE 42
DEPRECIATION, DEPLETION, ETC.

DEPRECIATION WAS COMPUTED USING STRAIGHT-LINE METHOD OVER ESTIMATED
USEFUL LIFE OF ASSET UNDER ITS CORRESPONDING CATEGORY AS FOLLOW:

MACHINERY AND EQUIPMENT	5 TO 10 YEARS
BUILDINGS	10 TO 30 YEARS
IMPROVEMENTS	10 YEARS

CS
MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**2002
 REGISTRATION/RENEWAL FEE REPORT**

TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 CCR Sections 311 and 312



WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1.

RRF-1 EXTENSIONS WILL NOT BE GRANTED

Enter State Charity Registration Number, Name, and Address of Organization Below:

State Charity Registration Number 05786

Check if:

- Change of address
- Initial report
- Amended report
- Final report

PLANNED PARENTHOOD OF PASADENA, INC.

Name of Organization

1045 NORTH LAKE AVENUE

Address (Number and Street)

PASADENA, CA 91104

City or Town

State ZIP Code

Corporate or Organization No. D-0243771

Federal Employer ID No. 95-1916050

PART A – ACTIVITIES

1	During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
a If the answer is yes, you are required by Title 11 of the California Code of Regulations, Sections 311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.			
2	For your most recent full accounting period (beginning <u>7/01/01</u> ending <u>6/30/02</u>) list Gross receipts \$ <u>3,371,809.</u> Total assets \$ <u>1,673,890.</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 Instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a professional fund-raiser or fund-raising counsel used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (626) 794-5737

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer _____ Printed Name _____ Title _____ Date _____