

Form **990**

OMB No 1545-0047

2002

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 10/01/02 , and ending 9/30/03

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

C Name of organization
PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN, INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
425 CHERRY SE
 City or town, state or country, and ZIP + 4
GRAND RAPIDS MI 49503

D Employer ID number
38-1782520

E Telephone number
616-774-7005

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 no. of affiliates ▶

H(c) Are all affiliates included? Yes No
(If "No," att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN ▶

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

G Web site: ▶

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 ▶ 3,733,346

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	482,081		
b	Indirect public support	1b	48,158		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>530,239</u> noncash \$ _____)	1d		530,239	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,092,396	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		23,356	
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income (or loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	62,824	(B) Other	
b	Less: cost or other basis and sales expenses	8a		45,476	
c	Gain or (loss) (attach schedule)	8b	60,537	8c	-45,476
d	Net gain or (loss) (combine lines 8b, 8c, and 8d) (See Stmt 1 See Stmt 2)	8d			-43,189
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	24,531		
b	Less: direct expenses other than fundraising expenses	9b	8,323		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			16,208
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			3,619,010
E	13 Program services (from line 44, column (B))	13			3,313,035
x	14 Management and general (from line 44, column (C))	14			238,719
p	15 Fundraising (from line 44, column (D))	15			118,086
e	16 Payments to affiliates (attach schedule) See Stmt 3	16			78,608
s	17 Total expenses (add lines 16 and 44, column (A))	17			3,748,448
A	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-129,438
N	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,980,079
s	20 Other changes in net assets or fund balances (attach explanation) See Stmt 4	20			2,997
S	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			1,853,638

For Paperwork Reduction Act Notice, see the separate instructions.

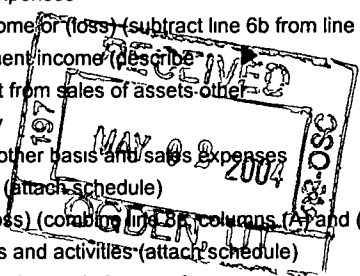
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Form 990 (2002)

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (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 \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 303,448	191,317	101,997	10,134
26 Other salaries and wages	26 1,742,965	1,517,894	162,486	62,585
27 Pension plan contributions	27			
28 Other employee benefits	28 338,510	284,023	43,577	10,910
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 21,385	15,609	4,356	1,420
34 Telephone	34 18,069	14,576	3,493	
35 Postage and shipping	35 15,914	8,389	2,510	5,015
36 Occupancy	36 206,061	159,944	46,117	
37 Equipment rental and maintenance	37 61,406	35,342	23,813	2,251
38 Printing and publications	38 31,967	20,506	3,912	7,549
39 Travel	39 12,967	11,809	680	478
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 95,046	24,393	70,653	
43 Other expenses not covered above (itemize): a	43a			
b See Statement 5	43b 822,102	1,029,233	-224,875	17,744
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 3,669,840	3,313,035	238,719	118,086

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.)

What is the organization's primary exempt purpose? ▶ See Statement 6 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)
a MEDICAL SERVICES TO WOMEN AND MEN WITH EMPHASIS ON REPRODUCTIVE HEALTH - APPROXIMATELY 25,000 CLIENTS SERVED (Grants and allocations \$ _____)	2,897,418
b See Statement 7 (Grants and allocations \$ _____)	292,923
c PUBLIC AFFAIRS AND LOBBYING - PRESENTING THE NEED FOR FAMILY PLANNING SERVICES TO LEGISLATORS AND THE GENERAL PUBLIC (Grants and allocations \$ _____)	59,244
d COMMUNITY SERVICES AND PUBLIC RELATIONS - PRESENTING THE GOALS AND OBJECTIVES OF THE ORGANIZATION TO THE COMMUNITY IN ORDER TO BUILD LONG-TERM SUPPORT FOR THESE GOALS (Grants and allocations \$ _____)	63,450
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,313,035

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		45	
46	Savings and temporary cash investments	986,043	46	646,301
47a	Accounts receivable	51,211		
b	Less: allowance for doubtful accounts		47c	51,211
47b		53,154		
48a	Pledges receivable	46,589		
b	Less: allowance for doubtful accounts		48c	46,589
48b		51,750		
49	Grants receivable	125,910	49	51,340
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
51b				
52	Inventories for sale or use	68,568	52	59,623
53	Prepaid expenses and deferred charges	44,671	53	17,333
54	Investments-securities See Stmt 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	340,400	54	843,479
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
55b				
56	Investments-other (attach schedule)	102,094	56	166,981
57a	Land, buildings, and equipment: basis	623,212		
b	Less: accumulated depreciation (attach schedule) See Stmt 10		57c	142,744
57b		270,823		
58	Other assets (describe See Stmt 11)	399,457	58	244,264
59	Total assets (add lines 45 through 58) (must equal line 74)	2,442,870	59	2,269,865
60	Accounts payable and accrued expenses	150,612	60	105,793
61	Grants payable		61	
62	Deferred revenue	51,079	62	55,045
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	
64b				
65	Other liabilities (describe See Stmt 12)	261,100	65	255,389
66	Total liabilities (add lines 60 through 65)	462,791	66	416,227
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	653,447	67	698,393
68	Temporarily restricted	128,089	68	74,783
69	Permanently restricted	1,198,543	69	1,080,462
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)	1,980,079	73	1,853,638
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	2,442,870	74	2,269,865

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.
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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, & other support per audited financial statements ▶ a 3,795,370</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ 122,561</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify): See Stmt 13 \$ 53,799</p> <p>Add amounts on lines (1) through (4) ▶ b 176,360</p> <p>c Line a minus line b ▶ c 3,619,010</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 3,619,010</p>	<p>a Total expenses and losses per audited financial statements ▶ a 3,802,247</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify): See Stmt 14 \$ 53,799</p> <p>Add amounts on lines (1) through (4) ▶ b 53,799</p> <p>c Line a minus line b ▶ c 3,748,448</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify):</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 3,748,448</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 26 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contnb to employee benefit plans & deferred compensation	(E) Expense account and other allowances
S KATHERINE HUMPHREY GRAND RAPIDS, MI 49503	PRES/CEO 35 HRS/WK	101,344	10,686	0
SUZANNE REITER GRAND RAPIDS, MI 49503	VP-CLIENT SV 35 HRS/WK	75,476	5,975	0
DIANE BRADY GRAND RAPIDS, MI 49503	VP-FIN/ADMIN 35 HRS/WK	64,156	3,903	0
JANIS LUNQUIST GRAND RAPIDS, MI 49503	VP-EDUCATION 35 HRS/WK	62,472	5,407	0
SEE ATTACHED LISTING OF BOARD OF DIRECTORS, ALL OF WHOM ARE UNCOMPENSATED .		0	0	0
		0	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 page 26 of the instructions.

Part VI Other Information (See page 27 of the 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	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
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization WEST MICHIGAN FACILITIES CORP. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	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?	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	
83a	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
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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
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>		
b	501(c)(3) and 501(c)(4) orgs 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
90a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	70
91	The books are in care of DIANE BRADY Located at GRAND RAPIDS, MI		
	Telephone no. 616-774-7005 ZIP + 4 49503		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 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 PROGRAM FEES					2,518
b FAMILY PLANNING CLINIC					1,244,303
c COMMUNITY SERVICE FEES					26,723
d					
e					
f Medicare/Medicaid payments					166,611
g Fees and contracts from government agencies					1,652,241
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	23,356	
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			1	-43,189	
101 Net income or (loss) from special events			1	16,208	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	-3,625	3,092,396
105 Total (add line 104, columns (B), (D), and (E))					3,088,771

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)
●	See Statement 15

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
N/A	%			
	%			
	%			
	%			

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: *Christine E. Brady* Date: 4/23/04

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Charles D. Olayewhiki CPA* Date: 4/23/04 Check if self-employed: Preparer's SSN or PTIN (See Gen Instr W): 363-56-0502

Firm's name (or yours if self-employed): MEYAARD TOLMAN & VENLET P.C. EIN: 38-2598193

address, and ZIP + 4: ZEELAND, MI 49464 Phone no: 616-772-1901

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.)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN, INC.	Employer identification number 38-1782520
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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 ben plans & deferred compensation	(e) Expense account and other allowances
SHERRY WOOD-STIEG GRAND RAPIDS, MI 49503	AD PRAC NURS 35 HRS/WK	54,327	4,838	0
VALERIE LUCAS GRAND RAPIDS, MI 49503	AD PRAC NURS 35 HRS/WK	53,366	4,974	0
MARY GELDHOF GRAND RAPIDS, MI 49503	AD PRAC NURS 35 HRS/WK	53,008	4,955	0
JODI YENCHAR GRAND RAPIDS, MI 49503	FIN MANAGER 35 HRS/WK	50,925	2,651	0
AMY BROWN GRAND RAPIDS, MI 49503	AD PRAC NURS 35 HRS/WK	50,006	4,726	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 page 2 of the instr. 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2002

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>61,044</u> (Must equal amount 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 exp if more than \$1,000)? See Part V, Form 990		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.)
- 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)

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)	874,454	825,033	2,121,199	2,019,324	5,840,010
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	3,251,682	3,053,894	1,210,857	1,234,624	8,751,057
18 Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	36,403	55,024	47,548	29,900	168,875
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets					
23 Total of lines 15 through 22	4,162,539	3,933,951	3,379,604	3,283,848	14,759,942
24 Line 23 minus line 17	910,857	880,057	2,168,747	2,049,224	6,008,885
25 Enter 1% of line 23	41,625	39,340	33,796	32,838	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	120,178
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	475,847
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	6,008,885
d Add: Amounts from column (e) for lines:	18 <u>168,875</u> 19 _____	26d	644,722
	22 _____ 26b <u>475,847</u>	26e	5,364,163
e Public support (line 26c minus line 26d total)		26f	89.2705%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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: N/A

(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: N/A

(2001) (2000) (1999) (1998)

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)		27f	
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)		27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

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

**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)**

		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?	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		
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.)			
34a	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		

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2002

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return

**PLANNED PARENTHOOD CENTERS OF WEST
MICHIGAN, INC.**

Identifying number
38-1782520

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	24,000																								
2 Total cost of section 179 property placed in service (see page 2 of the instructions)	2																									
3 Threshold cost of section 179 property before reduction in limitation	3	200,000																								
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4																									
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg. 2 of the instr	5																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">6 (a) Description of property</td> <td style="width: 25%;">(b) Cost (business use only)</td> <td style="width: 25%;">(c) Elected cost</td> </tr> <tr> <td>7 Listed property. Enter the amount from line 29</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction. Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12</td> <td style="text-align: center;">13</td> <td></td> </tr> </table>			6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	7 Listed property. Enter the amount from line 29	7		8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		9 Tentative deduction. Enter the smaller of line 5 or line 8	9		10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10		11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	13	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost																								
7 Listed property. Enter the amount from line 29	7																									
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8																									
9 Tentative deduction. Enter the smaller of line 5 or line 8	9																									
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10																									
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11																									
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12																									
13 Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	13																									

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	95,046

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs	MM	S/L

Part IV Summary (see page 6 of the instructions)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	95,046
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2002)

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
VARIOUS MARKETABLE SECURITIES								
	Purchase	BROKER	Various	Various	\$ 62,824	\$ 60,537	\$	\$ 2,287
Total					\$ 62,824	\$ 60,537	0	\$ 2,287

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
SCRAPPED EQUIPMENT								
	Purchase	SCRAPPED	Various	Various	\$	\$ 338,647	\$ 293,171	\$ -45,476
Total					\$ 0	\$ 338,647	\$ 293,171	\$ -45,476

Federal Statements

Statement 3 - Form 990, Part I, Line 16 - Payments to Affiliates

Name	Address	Amount	Purpose
PLANNED PARENTHOOD FED OF AMER	NEW YORK, NEW YORK	\$ 40,216	ANNUAL DUES
PLANNED PARENTHOOD AFF OF MICH	LANSING, MICHIGAN	38,392	ANNUAL DUES
Total		\$ 78,608	

Federal Statements**Statement 4 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED GAIN ON INVESTMENTS	\$ 122,561
UNREALIZED LOSS ON REVALUATION OF SPLIT INTEREST AGREEMENT	<u>-119,564</u>
Total	<u>\$ 2,997</u>

Federal Statements**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
PHARMACEUTICALS	337,339	337,339		
LAB FEES	104,220	104,220		
CONTRACT LABOR	37,252	37,252		
INSURANCE	42,476	37,554	4,922	
MDCH CONSULTATION	17,617	17,617		
UTILITIES	8,111	5,455	2,656	
PROFESSIONAL SERVICES	54,979	10,021	31,380	13,578
NONPHARMACEUTICAL SUPPLIES	39,988	39,988		
TRAINING AND DEVELOPMENT	15,891	6,968	6,858	2,065
MARKETING	57,517	57,517		
ADVERTISING AND RECRUITING	7,873	6,131	457	1,285
COMPUTER EXPENSE	73,824	44,650	29,080	94
EQUIPMENT LEASING	12,708	5,334	7,374	
MISCELLANEOUS	12,106	7,222	4,162	722
DUES	201	201		
ALLOCABLE ADMIN EXPENSES		311,764	-311,764	
Total	<u>\$ 822,102</u>	<u>\$ 1,029,233</u>	<u>\$ -224,875</u>	<u>\$ 17,744</u>

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE COMPREHENSIVE REPRODUCTIVE HEALTH SERVICES,
EDUCATION AND TRAINING SERVICES WHICH PROMOTE HEALTHY
HUMAN SEXUALITY.

Statement 7 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

EDUCATIONAL SERVICES TO THE GENERAL PUBLIC INCLUDING
PRESENTATIONS ON FAMILY PLANNING OPTIONS, PEER EDUCATION,
PARENT EDUCATION, AND SEXUAL HEALTH - APPROX 9,000
CLIENTS SERVED

Federal Statements**Statement 8 - Form 990, Part IV, Line 54 - Investments in Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government		120,207	Market
Corporate Stock	299,187	713,101	Market
Corporate Bonds	41,213	10,171	Market
	<u>340,400</u>	<u>843,479</u>	

Statement 9 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
CERTIFICATES OF DEPOSIT	\$ 102,094	\$ 166,981	Market
Total	<u>\$ 102,094</u>	<u>\$ 166,981</u>	

Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
FURNITURE & FIXTURES	\$ 741,341	\$ 539,833	\$ 415,137	\$ 321,493
BLDG IMPROVEMENTS	208,075	138,760	208,075	158,975
Total	<u>\$ 949,416</u>	<u>\$ 678,593</u>	<u>\$ 623,212</u>	<u>\$ 480,468</u>

Statement 11 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
BENEFICIAL INTEREST-SPLIT INT AGREE	\$ 398,960	\$ 244,181
OTHER CURRENT ASSETS	497	83
Total	<u>\$ 399,457</u>	<u>\$ 244,264</u>

Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ADVANCE FROM MDCH	\$ 14,702	\$ 14,702
PAYABLE TO WEST MI FACILITIES CORP	246,398	240,687
Total	<u>\$ 261,100</u>	<u>\$ 255,389</u>

Federal Statements**Statement 13 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSE	\$ 8,323
LOSS ON EQUIPMENT DISPOSALS	<u>45,476</u>
Total	<u>\$ 53,799</u>

Statement 14 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

<u>Description</u>	<u>Amount</u>
SPECIAL EVENTS EXPENSES	\$ 8,323
LOSS ON EQUIPMENT DISPOSALS	<u>45,476</u>
Total	<u>\$ 53,799</u>

Federal Statements**Statement 15 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93a	CONFERENCE FEES AND SALES OF EDUCATIONAL MATERIALS RELATED TO PLANNED PARENTHOOD'S MISSION.
93b	FEES IN ACCORDANCE WITH ABILITY TO PAY ARE RECEIVED FOR CLINIC SERVICES, INCLUDING FAMILY PLANNING, PREGNANCY TESTING, AIDS TESTING AND REPRODUCTIVE HEALTH SERVICES.
93c	OCCASIONAL SPEAKERS' FEES, CONFERENCE FEES - PRESENTATIONS TO THE COMMUNITY ABOUT PLANNED PARENTHOOD'S MAJOR SERVICES - FAMILY PLANNING, REPRODUCTIVE HEALTH SERVICES.
93f	MEDICAID PAYMENTS RECEIVED FROM THE STATE FOR SERVICES (FAMILY PLANNING, ETC.) TO CERTAIN ELIGIBLE CLIENTS.
93g	PLANNED PARENTHOOD IS PAID BY THE STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (AND OTHER PASS - THROUGH AGENCIES) UNDER CAPITATED RATE CONTRACTS, FOR PROVIDING FAMILY PLANNING, PREGNANCY TESTING, AIDS TESTING, AND REPRODUCTIVE HEALTH SERVICES. THESE SERVICES ARE PROVIDED TO THE GENERAL PUBLIC, WITH PARTICULAR FOCUS ON THOSE SEGMENTS OF THE POPULATION THAT ARE OTHERWISE UNDERSERVED.

Federal Statements

38-1782520

FYE: 9/30/2003

Statement 16 - Schedule A, Part VI-A - Affiliated Group Information

Name	Address	EIN	'X'if Electing	Grassroots Lobbying	Direct Lobbying	Other Expenditures
WEST MICHIGAN FACILITIES CORP	GRAND RAPIDS, MI	38-2707219		\$	\$	\$ 136,447
PLANNED PARENTHOOD CENTERS OF W MI	GRAND RAPIDS, MI	38-1782520	X	59,644	1,400	3,687,404
Total				<u>\$ 59,644</u>	<u>\$ 1,400</u>	<u>\$ 3,823,851</u>

PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN

425 Cherry St., S.E., Grand Rapids, MI 49503

Tele: 774-7005 Fax: 774-0516

2003/04 BOARD OF DIRECTORS

9-24-03

MEMBER	HOME ADDRESS AND PHONE NUMBER	WORK ADDRESS AND PHONE NUMBER	PROFESSION
*Send Mail to this address.			
Glenn Barkan E-Mail: barkagle@aquinas.edu	*253 Morris St. SE Grand Rapids, MI 49503 451-1906	Aquinas College 1607 Robinson, SE Grand Rapids, MI 49506 459-8281 ext. 4462 FAX: 459-2563	Professor of Political Science
Elizabeth Dilley Vice Chair of Fund Development E-Mail: dilley2@comcast.net	*1591 Winterwood Dr. NE Grand Rapids, MI 49525 942-1112		
G Thomas Doyal E Mail. gt.doyal@pmcf.com	943 Floral SE Grand Rapids, MI 49506 475-0921 Cell 616-308-0816	P&M Corporate Finance, LLC Bridgewater Place – Suite 600 333 Bridge Street NW Grand Rapids, MI 49504 643-4028 FAX: 459-2126	Managing Director
DeDe Esque E-Mail: desque@nokomisfoundation.org	*3705 Knapp NE Grand Rapids, MI 49525 361-6502	The Nokomis Foundation 161 Ottawa, NW – Suite 305-C. Grand Rapids, MI 49503 451-0267 Ext. 14 FAX: 451-9914	Program Officer
Judith C Frey E-Mail: Jfrey6767@aol.com	*2011 San Lu Rae SE Grand Rapids, MI 49506 456-1814	*The Issue Network Group, Inc. 2011 San Lu Rae SE Grand Rapids, MI 49506 235-7682 FAX: 235-1326	Mayor of E. Grand Rapids President
Darrow Goodspeed E-Mail: darrowg@aol.com At-Large Mbr. Exec. Comm.	*1404 Sherwood, SE Grand Rapids, MI 49506 949-0882 FAX: 957-4205	Product & Packaging Design 1404 Sherwood E. Grand Rapids, MI 49506	Sales
Dianette Hight E-Mail: dhight@ci.grand-rapids.mi.us	*1460 Plymouth, SE Grand Rapids, MI 49506 245-8758	Engineering Department City of Grand Rapids 5th Floor 300 Monroe, NW Grand Rapids, MI 49503 456-3808 FAX: 456-3828	Engineer Services Administrator
Stacy Honson Board Chair E-Mail: Honson@hermanmiller.com	431 Spear Street Saugatuck, MI 49453 857.3117	*Global Customer Solutions Herman Miller, Inc. MS 440 – 855 East Main Ave. PO Box 302 Zeeland, MI 49464-0302 654-6013 FAX: 654-7357	Director of Finance & Support Services

<u>MEMBER</u>	<u>HOME ADDRESS AND PHONE NUMBER</u>	<u>WORK ADDRESS AND PHONE NUMBER</u>	<u>PROFESSION</u>
S. "Win" Irwin Board Treasurer E-Mail: irwinw@irwinseating.com	1860 Lake Dr., SE Grand Rapids, MI 49506 454-2425	*Irwin Seating, Co. P O Box 2429 Grand Rapids, MI 49501 574-7105 Pvt. 574-7327 FAX: 574-7485	President/CEO
Gayla Jewell RNC, MS, NP E-Mail: jewellg@gvsu.edu	*3007 E. Fulton Grand Rapids, MI 49506 956-0237	Kirkhof School of Nursing – GVSU 362 C DeVos Center 401 W. Fulton St. Grand Rapids, MI 49504 336-7174 FAX: 336-7362	Asst. Professor & Coordinator of the Nursing Center for Global Health
Rev. Dr. Naná Kratochvil E-Mail: huucnana@netonecom.net	*1571 Lexington Ave Muskegon, MI 49441 759-0522	Harbor Unitarian Universalist Congregation 1296 Montgomery Muskegon, MI 49441 755-2932 FAX 755-2932	Pastor
Nancy Lubbers E-Mail: NJDelta@aol.com	*4195 N. Oak Pointe Ct., NE Grand Rapids, MI 49525 361-7087 FAX: 361-7145		
Molly McCarthy Chair of Board Development & Nominating mccarthyconsult@aol.com	*5303 Lake Harbor Rd. Muskegon, MI 49441 (231) 798-7409	McCarthy Consulting Services 5303 Lake Harbor Road Muskegon, MI 49441 (231) 798-8202 (leave a message) FAX. (231) 798-7279	Health Care Financing Consultant
Debra Minton E-Mail: oysterlovers@aol.com	1934 Lake Michigan Dr. Grand Rapids, MI 49504 735-0437	*Grand Rapids Metropolitan YMCA 40 Monroe Center NW – Suite 201 Grand Rapids, MI 49503-2902 Tele: 456-0801 Fax: 456-7232 E-Mail: dminton@grymca.org	Vice President of Dev.
Lisa Oliver-King E-Mail: lisask1@aol.com	2024 Ontonagon Grand Rapids, MI 49506 241-5576 Cell 443-3022	Unlimited Outcomes 2024 Ontonagon Grand Rapids, MI 49506 247-0960 FAX: 247-0960	President/Owner
Karen O'Donovan E-Mail: tkodonovan@comcast.net	*4245 North Oak Pointe NE Grand Rapids, MI 49525 361-1448 FAX: 361-1450		

MEMBER**HOME ADDRESS
AND PHONE NUMBER****WORK ADDRESS
AND PHONE NUMBER****PROFESSION**

Shelley Padnos

E-Mail:
Shelley@padnos.com*3446 E. Fulton St.
Grand Rapids, MI 49546
942-8238L. Padnos Iron & Metal Company
P O Box 1979
Holland, MI 49422
459-4208
FAX: 459-4251

Executive

Eugene Shatz, MD, FAAP

E-Mail: eugene.shatz@spectrum-health.org11448 Heintzelman
Rockford, MI 49341
754-8023*DeVos Children's Hospital
330 Barclay NE – Ste.200
Grand Rapids, MI 49503
391-8892 or 391-8890
FAX: 391-8896

Physician

Douglas Van Doren
Vice Chair of AdvocacyE-Mail:
Plymouth@wmis.net1637 Cambridge, SE
Grand Rapids, MI 49506
452-5357*Plymouth Congregational United
Church of Christ
4010 Kalamazoo, Ave., SE
Grand Rapids, MI 49508
455-4260
FAX: 455-4149

Pastor

Gloria White Gardner

E-Mail:
MsPrez7131@aol.com*3742 Fairway Drive
Muskegon, MI 49441
(231) 780-2849
Cell #231-557-2498
FAX: (231) 780-4909GWD Gardner & Associates, ICPS
3742 Fairway Drive
Muskegon, MI 49441
(231) 780-3306

President/CEO

Michael Williams

E-Mail:
willimic@aquinas.edu*338 Auburn, SE
Grand Rapids, MI 49506
774-2803Aquinas College
1607 Robinson Rd. SE
Grand Rapids, MI 49506
459-8281 Ext. 4495

Professor

PPCWM PRESIDENT/CEO

Kathy Humphrey

E-Mail:
humphreyk@ppcwm.org12849 Lakeshore Dr.
Grand Haven, MI 49417
(616) 842-3813
Cell #481-4594PPCWM
425 Cherry Street SE
Grand Rapids, MI 49503
774-7005

President/CEO

MEDICAL DIRECTOR

Peter Lundeen, M.D.

E-Mail:
plund45709@aol.com*7169 Loma Linda
Rockford, MI 49341
874-2862Wyoming Family Medicine
950 36th Street, SW
Grand Rapids, MI 49509
534-1640 pvt. #534-8222
FAX: 534-4370

Physician

HONORARY MEMBER

Peggy Jensen

*1710 Beach St.
Muskegon, MI 49444
755-3800

FAX: 755-4700

LEGAL COUNSEL

Therese Pinsky

2106 Shiawassee, S. E.
Grand Rapids, MI 49506
243-9488*146 Monroe Center
Grand Rapids, MI 49503
451-8496

Attorney

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization PLANNED PARENTHOOD CENTERS OF WEST MICHIGAN, INC.	Employer identification number 38-1782520
	Number, street, and room or suite no. If a P.O. box, see instructions 425 CHERRY SE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GRAND RAPIDS MI 49503	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

● If the organization does **not** have an office or place of business in the United States, check this box

● If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 5/17/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year _____ or tax year beginning 10/01/02 and ending 9/30/03.

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Charles D. Oljenski Title ▶ CPA

Date ▶ 2/15/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)