

Return of Organization Exempt from Income Tax

2001

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 2002

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. Please use IRS label or print or type. See specific instructions. PLANNED PARENTHOOD ASSOCIATION OF UTAH, 654 SOUTH 900 EAST, SALT LAKE CITY, UT 84102. D Employer Identification Number 87-0288909. E Telephone number (801) 532-1586. F Accounting method: Cash, Accrual, Other (specify).

G Web site: N/A. H (a) Is this a group return for affiliates? Yes, No. H (b) If 'yes,' enter number of affiliates. H (c) Are all affiliates included? Yes, No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes, No.

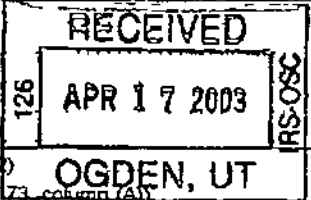
J Organization type (check only one): [X] 501(c) 3 (insert no), 4947(a)(1) or 527. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 7,432,182.

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

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

Table with 21 rows and 4 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Sub-rows 1a, 1b, 1c, 1d. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents (6a), Less rental expenses (6b), Net rental income or (loss) (6c). Row 7: Other investment income (describe SEE STATEMENT 1). Sub-rows 7a, 7b, 7c, 7d. Row 8: Gross amount from sales of assets other than inventory. Sub-rows 8a, 8b, 8c, 8d. Row 9: Special events and activities (attach schedule). Sub-rows 9a, 9b, 9c. Row 10: Gross sales of inventory, less returns and allowances. Sub-rows 10a, 10b, 10c. Row 11: Other revenue (from Part VII, line 103). Row 12: Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). Row 13: Program services (from line 44, column (B)). Row 14: Management and general (from line 44, column (C)). Row 15: Fundraising (from line 44, column (D)). Row 16: Payments to affiliates (attach schedule). Row 17: Total expenses (add lines 16 and 44, column (A)). Row 18: Excess or (deficit) for the year (subtract line 17 from line 12). Row 19: Net assets or fund balances at beginning of year (from line 21, column (A)). Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year (combine lines 18, 19, and 20).

SCANNED APR 23 03



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Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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 ASSOCIATION OF UTAH	Employer Identification Number 87-0288909
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions 654 SOUTH 900 EAST	
	City, Town, or Post Office. For a foreign address, see instructions SALT LAKE CITY, UT 84102	

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 (Section 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 2/15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 ____ or
- tax year beginning 7/01, 20 01, and ending 6/30, 20 02

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. \$ 0

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. \$ 0.

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. \$ 0

Signature and Verification

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, and that I am authorized to prepare this form.

Signature  Title CEO Date 11/12/02

BAA For Paperwork Reduction Act Notice, see instructions

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 15
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
MIDTOWN COMMUNITY HEALTH CENTER, INC	X	
UTAHNS FOR CHOICE	X	

STATEMENT 16
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
93	ALL ACTIVITIES PERMIT PLANNED PARENTHOOD ASSOCIATION TO PROVIDE FAMILY PLANNING SERVICES TO THE PUBLIC
95	SAME AS ABOVE
96	SAME AS ABOVE
99	INTEREST - NOTE RECEIVABLE FROM PROPERTY DEVELOPER THIS IS A TEMPORARY ACTIVITY NOT REGULARLY CARRIED ON
100	SAME AS LINE 93
102	SAME AS ABOVE CONTRACEPTIVES ARE SOLD AT THE CLINICS AND CONTRIBUTE GREATLY TO FAMILY PLANNING
103	SAME AS LINE 93

STATEMENT 17
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2000</u>	<u>(B) 1999</u>	<u>(C) 1998</u>	<u>(D) 1997</u>	<u>(E) TOTAL</u>
OTHER INCOME	\$ 18,735	\$ 44,659	\$ 40,238	\$ 67,090	\$ 170,722
TOTAL	\$ 18,735	\$ 44,659	\$ 40,238	\$ 67,090	\$ 170,722

STATEMENT 18
SCHEDULE A, PART VI-B, LINE I
DESCRIPTIONS OF THE LOBBYING ACTIVITIES

PERIODICALLY, AS ISSUES DEMAND, STAFF AND VOLUNTEERS MAY TALK DIRECTLY WITH ELECTED OFFICIALS

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 14 (CONTINUED)
 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
LISA NICHOLS 670 28TH STREET OGDEN, UT 84403	MCHC EXEC DIR 40	\$ 65,316	\$ 2,409	\$ 0
DENISE ACHELIS 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	TREASURER 1 5	0	0	0
LES CHATELAIN 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	CHAIR 1 5	0	0	0
PATTI PAVEY 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
TONY ESPOSITO 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
STEVE GRIZZELL 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	CHAIR ELECT 1 5	0	0	0
LINDA NIELSON 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
JILL SHEINBERG 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
CINDY TAYLOR 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
ELAINE KAUFMAN 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	DIRECTOR OF DEV 40	46,690	1,868	0
TOTAL		<u>\$ 552,032</u>	<u>\$ 20,301</u>	<u>\$ 0</u>

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 14 (CONTINUED)
 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
LORRAINE SZCZESNY 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	\$ 0	\$ 0	\$ 0
SIMONE FRITZ 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
LEANN JONES 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
PATRICIA MACCUBBIN 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
DORIE NE MARSHALL 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
BEV MAY 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
JEN MELCOMIAN 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
PENNY DAVIES 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	DIR-CLINIC SRVS 40	67,965	2,719	0
KARRI GALLOWAY 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	PRESIDENT & CEO 40	96,942	5,690	0
LYNDA ION 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	DIR-COMM SRVS 40	49,317	1,973	0
BEVERLY R COOPER 21 G STREET SALT LAKE CITY, UT 84103	U4C EXEC DIR 40	60,313	0	0
RICHARD GREGOIRE, M D 670 28TH STREET OGDEN, UT 84403	MCHC MED DIR 40	137,152	5,104	0

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 12
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

AFFILIATE'S PAC CONTRIBUTIONS
 OTHER IN-KIND

\$ 5,000
 109,109
TOTAL \$ 114,109

STATEMENT 13
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

AFFILIATE'S PAC EXPENSES
 OTHER IN-KIND

\$ 3,381
 109,109
TOTAL \$ 112,490

STATEMENT 14
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
SARAH MARSDEN 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	VICE CHAIR 1 5	\$ 0	\$ 0	\$ 0
HEATHER STRINGFELLOW 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	SECRETARY 1 5	0	0	0
TWINKLE CHISHOLM 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
KRISTY CHAMBERS 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	CFO 40	28,337	538	0
CAROL GNADE 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
DICK JAFFE 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0
LISA PETERSON 654 SOUTH 900 EAST SALT LAKE CITY, UT 84102	BOARD MEMBER 5	0	0	0

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 8 (CONTINUED)
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE BONDS	VALUATION METHOD	AMOUNT
CORPORATE BONDS	MARKET VALUE	\$ 289,186
	TOTAL	\$ 289,186
U S TREASURY NOTES AND BILLS	MARKET VALUE	0
TOTAL INVESTMENTS - SECURITIES		<u>\$ 486,476</u>

STATEMENT 9
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
MUTUAL FUNDS	MARKET VALUE	\$ 36,898
	TOTAL	<u>\$ 36,898</u>

STATEMENT 10
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 626,910	\$ 395,797	\$ 231,113
BUILDINGS	772,202	403,442	368,760
IMPROVEMENTS	127,831	88,032	39,799
LAND	150,871		150,871
TOTAL	<u>\$ 1,677,814</u>	<u>\$ 887,271</u>	<u>\$ 790,543</u>

STATEMENT 11
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSIT ON EQUIPMENT	\$ 9,984
DEPOSITS	4,741
NET INTANGIBLE ASSETS	309,475
OTHER RECEIVABLES	15,975
THIRD-PARTY PAYOR SETTLEMENTS	31,242
TOTAL	<u>\$ 371,417</u>

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 5
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR YEAR ADJUSTMENT	\$	-34,058
UNREALIZED LOSS ON INVESTMENTS		-20,055
TOTAL	\$	<u>-54,113</u>

STATEMENT 6
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BAD DEBT	515,542	515,542		
CLINIC MANAGEMENT OVERHEAD	180,097	146,806	23,401	9,890
COMPUTER	17,405	14,993	2,412	
EMPLOYEE RECRUITMENT	7,052	5,739	1,160	153
FEDERATION DUES	36,007	31,018	4,989	
IN-SERVICE TRAINING	58,934	33,686	24,130	1,118
JUSTICE FUND	31,168	26,849	4,319	
MALPRACTICE INSURANCE	38,075	32,799	5,276	
MARKETING	154,347	119,411	11,124	23,812
MEMBERSHIPS	17,779	14,493	2,310	976
MISCELLANEOUS	97,513	79,459	12,690	5,364
OTHER CONTRACTS	36,779	31,683	5,096	
OTHER PERSONNEL	46,205	37,601	7,599	1,005
OUTSIDE DATA	11,132	9,590	1,542	
OUTSIDE LAB	370,539	319,196	51,343	
OUTSIDE LAB - CHLAMYDIA	101,250	87,220	14,030	
PHYSICIAN SERVICES	145,954	118,777	24,003	3,174
PROFESSIONAL CONSULTATION	46,547	40,097	6,450	
RURAL HEALTH CARE	105,926	91,248	14,678	
TOTAL	<u>\$ 2,018,251</u>	<u>\$ 1,756,207</u>	<u>\$ 216,552</u>	<u>\$ 45,492</u>

STATEMENT 7
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE THE PUBLIC WITH FAMILY PLANNING AND EDUCATION SERVICES

STATEMENT 8
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
COMMON STOCKS	MARKET VALUE	\$ 197,290
TOTAL		<u>\$ 197,290</u>

PLANNED PARENTHOOD ASSOCIATION OF UTAH

87-0288909

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

INTEREST-NOTE RECEIVABLE			
		TOTAL	\$ 5,000
			<u>\$ 5,000</u>

STATEMENT 2
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE	198,643		
COST OR OTHER BASIS	206,856		
		TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES	\$ <u>-8,213</u>
		TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES	\$ <u>-8,213</u>

STATEMENT 3
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
ART BENEFIT	56,850	25,525	31,325	31,325	0
THEATER EVENING - AIDA	35,675	12,227	23,448	23,448	0
THEATER EVENING - V M	20,533	7,865	12,668	12,668	0
TOTALS	<u>\$ 113,058</u>	<u>\$ 45,617</u>	<u>\$ 67,441</u>	<u>\$ 67,441</u>	<u>\$ 0</u>

STATEMENT 4
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

SALE OF CONTRACEPTIVES	\$ 574,363
GROSS SALES	<u>\$ 574,363</u>
LESS RETURNS & ALLOWANCES	0
NET SALES	<u>\$ 574,363</u>
LESS COST OF GOODS SOLD	491,297
GROSS PROFIT FROM SALES OF INVENTORY	<u>\$ 83,066</u>

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

N/A

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	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table — If the amount on line 40 is — The lobbying nontaxable amount is — Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0 if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter 0 if line 41 is more than line 38	44	
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				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (include compensation and expenses reported on lines c through h)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public	X		
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		3,496
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		7,071
i Total lobbying expenditures (add lines c through h)			10,567

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities **SEE STATEMENT 18**

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 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.)	3,821,842	3,112,771	2,605,204	2,642,725	12,182,542
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,419,922	2,182,910	1,981,289	1,831,340	8,415,461
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	15,540	41,696	26,270	54,079	137,585
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. SEE SJMT 17	18,735	44,659	40,238	67,090	170,722
23 Total of lines 15 through 22	6,276,039	5,382,036	4,653,001	4,595,234	20,906,310
24 Line 23 minus line 17	3,856,117	3,199,126	2,671,712	2,763,894	12,490,849
25 Enter 1% of line 23	62,760	53,820	46,530	45,952	
26 Organizations described on lines 10 or 11. Enter 2% of amount in column (e), line 24					26a 249,817
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 12,490,849
d Add Amounts from column (e) for lines	18 137,585	19	26b		26d 308,307
e Public support (line 26c minus line 26d total)	22 170,722				26e 12,182,542
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.53%
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	17	20	21
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
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 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 \$ 10,567 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	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)? SEE FORM 990, PART V	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)
 - 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)(v) (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 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)

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(r), 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 ASSOCIATION OF UTAH

Employer Identification Number

87-0288909

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
RICHARD GREGOIRE, M D 670 28TH ST, OGDEN UT	MED DIRECTOR 40	137,152	5,104	0
KURT RIFLEMAN, M D 670 28TH ST, OGDEN UT	MEDICAL DOCTOR 40	144,134	5,440	0
KARRIE GALLOWAY 654 S 900 E, SLC UT	CEO 40	96,942	5,690	0
BRADLEY PACE 670 28TH ST, OGDEN UT	PHYSICIANS ASST 40	79,343	0	0
ANNE DALY 670 28TH ST, OGDEN UT	NURSE PRACT 40	69,648	2,785	0
Total number of other employees paid over \$50,000 ▶	5			

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
PATHNET ESOTERIC LAB INSTITUTE 7247 HAYVENHURST AVE, #A3, VANNUYS, CA 91406	LAB SERVICES	165,604
MACKAY DEE HOSPITAL CENTER 3939 HARRISON BLVD, OGDEN UT 84409	LAB SERVICES	224,726
UTAH DEPARTMENT OF HEALTH, DIV OF LAB SRVCS 46 N MEDICAL DR, SALT LAKE CITY, UT 84113	LABORATORY TESTING	152,410
MISYS HEALTHCARE SYSTEMS	COMPUTER SYSTEM	246,719
Total number of others receiving over \$50,000 for professional services ▶	0	

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 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 INSURANCE PAYMENTS					236,911
b PATIENT FEES					1,223,096
c					
d					
e					
f Medicare/Medicaid payments					839,229
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					26,834
96 Dividends & interest from securities					12,790
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			1	5,000	
100 Gain or (loss) from sales of assets other than inventory					-8,213
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					83,066
103 Other revenue					
a MISCELLANEOUS					17,923
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,000	2,431,636
105 Total (add line 104, columns (B), (D), and (E))					2,436,636

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)
	SEE STATEMENT 16

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 Print Name: Kame Walcott Date: 4.14.03
 Title: President/CEO Date: 4.14.03

Date: 4/14/03 Check if self: Preparer's SSN or PTIN (see General Instruction W)

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	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 income of \$1,000 or more during the year covered by this return?	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
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 <u>SEE STATEMENT 15</u> 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 instructions	81a	0
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	249,611
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	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
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) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <u>NONE</u>		
b 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 ASSOC OF U</u> Telephone number <u>(801) 532-1586</u> Located at <u>654 SOUTH 900 EAST</u> ZIP + 4 <u>84102</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

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

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

a	Total revenue, gains, and other support per audited financial statements	a	6,901,144
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ -20,055		
(2)	Donated services and use of facilities \$ 140,502		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 12 \$ 114,109		
	Add amounts on lines (1) through (4)	b	234,556
c	Line a minus line b	c	6,666,588
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)		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	6,666,588

a	Total expenses and losses per audited financial statements	a	6,703,744
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 140,502		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	SEE STMT 13 \$ 112,490		
	Add amounts on lines (1) through (4)	b	252,992
c	Line a minus line b	c	6,450,752
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	6,450,752

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 14		552,032	20,301	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 IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>				
45	Cash - non interest bearing	278,650	45	96,131
46	Savings and temporary cash investments	1,245,064	46	899,170
47a	Accounts receivable	817,987		
47b	Less allowance for doubtful accounts	451,105	47c	366,882
48a	Pledges receivable			
48b	Less allowance for doubtful accounts		48c	
49	Grants receivable	1,724,358	49	1,969,222
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes & loans receivable (attach sch)			
51b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	38,465	52	42,034
53	Prepaid expenses and deferred charges	17,821	53	19,740
54	Investments - securities (attach schedule) SEE ST 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	71,070	54	486,476
55a	Investments - land, buildings, & equipment basis			
55b	Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule) SEE STMT 9	225,701	56	36,898
57a	Land, buildings, and equipment basis	1,677,814		
57b	Less accumulated depreciation (attach schedule) STATEMENT 10	887,271	57c	790,543
58	Other assets (describe SEE STATEMENT 11)	181,273	58	371,417
59	Total assets (add lines 45 through 58) (must equal line 74)	4,831,926	59	5,078,513
60	Accounts payable and accrued expenses	470,922	60	555,786
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	
64b	Less mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	470,922	66	555,786
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	2,539,059	67	2,504,210
68	Temporarily restricted	1,821,945	68	2,018,517
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	4,361,004	73	4,522,727
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	4,831,926	74	5,078,513

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 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	25 552,032	157,693	347,649	46,690
26 Other salaries and wages	26 2,362,821	2,214,394	131,721	16,706
27 Pension plan contributions	27 49,279	40,103	8,104	1,072
28 Other employee benefits	28 161,753	131,633	26,602	3,518
29 Payroll taxes	29 221,717	180,432	36,463	4,822
30 Professional fundraising fees	30			
31 Accounting fees	31 38,859	33,475	5,384	
32 Legal fees	32 3,551	3,059	492	
33 Supplies	33 312,533	303,082	3,730	5,721
34 Telephone	34 100,972	82,495	11,366	7,111
35 Postage and shipping	35 63,079	51,536	7,101	4,442
36 Occupancy	36 292,056	260,039	30,277	1,740
37 Equipment rental and maintenance	37 92,724	62,932	26,323	3,469
38 Printing and publications	38			
39 Travel	39 79,990	45,722	32,751	1,517
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 101,135	73,423	21,054	6,658
43 Other expenses not covered above (itemize)				
a SEE STATEMENT 6	43a 2,018,251	1,756,207	216,552	45,492
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 6,450,752	5,396,225	905,569	148,958

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 \$ 11,048, (ii) the amount allocated to program services \$ 5,875, (iii) the amount allocated to management and general \$ 400, and (iv) the amount allocated to fundraising \$ 4,773

Part III - Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 7
 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 FAMILY PLANNING MEDICAL SERVICES FOR CLIENTS _____ _____ (Grants and allocations \$ _____)	4,790,334
b EDUCATION SERVICES FOR CLIENTS _____ _____ (Grants and allocations \$ _____)	398,196
c PUBLIC AFFAIRS - MARKETING SERVICES OFFERED AND DISBURSEMENT OF HEALTH INFORMATION TO THE PUBLIC _____ _____ (Grants and allocations \$ _____)	207,695
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)	5,396,225

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: PLANNED PARENTHOOD ASSOCIATION OF UTAH
Employer Identification Number: 87-0288909
Number Street and Room or Suite Number: 654 SOUTH 900 EAST
City Town or Post Office State and ZIP Code: SALT LAKE CITY, UT 84102

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

Form 990 (checked), Form 990 EZ, Form 990 T (Section 401(a) or 408(a) trust), Form 1041 A, Form 5227, Form 8870, Form 990 BL, Form 990 PF, Form 990 T (trust other than above), Form 4720, Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box.
If this is for a group return, enter the organizations four digit Group Exemption Number (GEN).
If this is for the whole group, check this box. If it is part of the group check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3 month extension of time until 5/15, 20 03
For calendar year, or other tax year beginning 7/01, 20 01 and ending 6/30, 20 02
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY FINANCIAL DATA IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.
b If this application is for Form 990 PF, 990 T, 4720 or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
c Balance due Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.

Signature and Verification

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

Signature: [Handwritten Signature] Title: CPA Date: 2/11/03

Notice to Applicant - To be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other:
EXTENSION APPROVED
FEB 20 2003

Director: LINDA WEISKOFF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Alternate Mailing Address -- Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Name: SORENSEN, VANCE & COMPANY P C
Number and Street (include suite, room, or apartment number) or a P O Box Number: 3115 E LION LANE, SUITE 220
City or Town, Province or State and Country (including postal or ZIP code): SALT LAKE CITY, UT 84121