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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2002

Open to Public Inspection

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

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

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

C Name of organization
PLANNED PARENTHOOD OF SAN ANTONIO AND SOUTH CENTRAL TEXAS
 Number and street (or P O box if mail is not delivered to street address) Room/suite
104 BABCOCK
 City or town, state or country, and ZIP + 4
SAN ANTONIO, TX 78201

D Employer identification number
74-1297211

E Telephone number
210-736-2244

F Accounting method Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶

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 ▶ **4,539,557.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	455,336.		
b	Indirect public support	1b	30,817.		
c	Government contributions (grants)	1c	2,052,886.		
d	Total (add lines 1a through 1c) (cash \$ <u>2,539,039.</u> noncash \$ _____)	1d		2,539,039.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1,954,415.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		6,826.	
5	Dividends and interest from securities	5		7,474.	
6a	Gross rents	6a			
6b	Less rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ _____)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		10,421.	8a		
b	Less cost or other basis and sales expenses	5,656.	8b	34,362.	
c	Gain or (loss) (attach schedule)	4,765.	8c	-34,362.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	STMT 2	8d	-29,597.
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ <u>0.</u> of contributions reported on line 1a)	9a	13,157.		
b	Less direct expenses other than fundraising expenses	9b	5,058.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 3		9c	8,099.
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		8,225.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,494,481.	
13	Program services (from line 44, column (B))	13		3,759,867.	
14	Management and general (from line 44, column (C))	14		508,091.	
15	Fundraising (from line 44, column (D))	15		183,360.	
16	Payments to affiliates (attach schedule)	16		39,620.	
17	Total expenses (add lines 16 and 44, column (A))	17		4,490,938.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		3,543.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,988,552.	
20	Other changes in net assets or fund balances (attach explanation)	20		-119,801.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,872,294.	

PLANNED PARENTHOOD OF SAN ANTONIO
AND SOUTH CENTRAL TEXAS

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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 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	79,578.	0.	79,578.	0.
26	Other salaries and wages	2,184,564.	1,818,039.	248,259.	118,266.
27	Pension plan contributions	86,435.	70,107.	11,543.	4,785.
28	Other employee benefits	150,255.	118,399.	24,773.	7,083.
29	Payroll taxes	172,471.	139,897.	23,022.	9,552.
30	Professional fundraising fees				
31	Accounting fees	9,688.	8,041.	1,064.	583.
32	Legal fees	6,480.		6,480.	
33	Supplies	585,450.	577,583.	5,022.	2,845.
34	Telephone	56,545.	52,013.	4,377.	155.
35	Postage and shipping	23,621.	7,667.	2,057.	13,897.
36	Occupancy	303,243.	290,833.	9,698.	2,712.
37	Equipment rental and maintenance	14,531.	12,112.	2,419.	
38	Printing and publications	22,509.	18,305.		4,204.
39	Travel	43,843.	33,773.	9,719.	351.
40	Conferences, conventions, and meetings				
41	Interest	14,889.		14,889.	
42	Depreciation, depletion, etc (attach schedule)	101,650.	85,153.	12,039.	4,458.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 6	595,566.	527,945.	53,152.	14,469.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15	4,451,318.	3,759,867.	508,091.	183,360.

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 \$ 8,371., (ii) the amount allocated to Program services \$ 6,248.,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ 2,123.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 7		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	SEE STATEMENT 8 (Grants and allocations \$ _____)	3,497,765.
b	SEE STATEMENT 9 (Grants and allocations \$ _____)	167,111.
c	ADVOCACY EFFORTS FOCUSED ON KEEPING LAWMAKERS INFORMED AND ACTIVATING CONSTITUENTS WHO ARE CONCERNED ABOUT PROTECTING FAMILY PLANNING FUNDING, A WOMAN'S RIGHT TO CHOOSE AND RESPONSIBLE SEX EDUCATION. (Grants and allocations \$ _____)	94,991.
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,759,867.

PLANNED PARENTHOOD OF SAN ANTONIO
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Part IV Balance Sheets

Note		(A) Beginning of year		(B) End of year		
<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>						
Assets	45	Cash - non-interest-bearing	3,272.	45	23,244.	
	46	Savings and temporary cash investments	165,917.	46	429,469.	
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b	47c		
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b	48c		
	49	Grants receivable	594,754.	49	156,790.	
	50	Receivables from officers, directors, trustees, and key employees		50		
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b	51c		
	52	Inventories for sale or use	261,465.	52	300,331.	
	53	Prepaid expenses and deferred charges	75,586.	53	85,419.	
	54	Investments - securities	STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	26,110.	54	25,148.
	55 a	Investments - land, buildings, and equipment: basis	55a			
	b	Less accumulated depreciation	55b	55c		
56	Investments - other	SEE STATEMENT 11	581,086.	56	472,607.	
57 a	Land, buildings, and equipment, basis	57a 1,899,711.				
b	Less accumulated depreciation	STMT 12 57b 826,613.	632,539.	57c	1,073,098.	
58	Other assets (describe <input type="checkbox"/>)			58		
59	Total assets (add lines 45 through 58) (must equal line 74)		2,340,729.	59	2,566,106.	
Liabilities	60	Accounts payable and accrued expenses	352,177.	60	397,910.	
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
	b	Mortgages and other notes payable	STMT 13	64b	295,902.	
	65	Other liabilities (describe <input type="checkbox"/>)			65	
66	Total liabilities (add lines 60 through 65)		352,177.	66	693,812.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted	1,963,542.	67	1,847,284.	
	68	Temporarily restricted		68		
	69	Permanently restricted	25,010.	69	25,010.	
	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)		1,988,552.	73	1,872,294.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		2,340,729.	74	2,566,106.	

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.

**PLANNED PARENTHOOD OF SAN ANTONIO
AND SOUTH CENTRAL TEXAS**

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Part VI Other Information	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures See line 81 instructions 81a <u>0.</u>		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
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		
c Dues, assessments, and similar amounts from members 85c <u>N/A</u>		
d Section 162(e) lobbying and political expenditures 85d <u>N/A</u>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a <u>N/A</u>		
b Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>		
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a <u>N/A</u>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b <u>N/A</u>		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <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.		
90 a List the states with which a copy of this return is filed NONE		
b Number of employees employed in the pay period that includes March 12, 2002 90b <u>73</u>		
91 The books are in care of ROBERT PETIT Telephone no 210-736-2244		

Located at 104 BABCOCK ROAD, SAN ANTONIO, TX ZIP + 4 78201

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

PLANNED PARENTHOOD OF SAN ANTONIO
AND SOUTH CENTRAL TEXAS

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PATIENT FEES					1,954,415.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,826.	
96 Dividends and interest from securities			14	7,474.	
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			18	-29,597.	
101 Net income or (loss) from special events			01	8,099.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	8,225.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,027.	1,954,415.
105 Total (add line 104, columns (B), (D), and (E))					1,955,442.

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

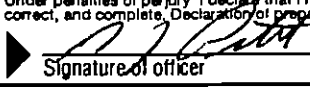
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)


(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)

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

Please Sign Here:  Signature of officer 8/15/07 Date ROBERT J. PETIT DIRECTOR OF FINANCE Type or print name and title

Paid Preparer's Use Only:  Preparer's signature 8/13/07 Date Check if self-employed Preparer a SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP + 4: CARREIRO, CHUMNEY & CO., L.C. 40 NE LOOP 410, SUITE 200 SAN ANTONIO, TX 78216-5876 EIN Phone no 210-342-8000

Form 990 (2002)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2002

Name of the organization **PLANNED PARENTHOOD OF SAN ANTONIO AND SOUTH CENTRAL TEXAS** Employer identification number **74 1297211**

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

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>EARNIE BLACKWELL</u> 104 BABCOCK, SAN ANTONIO, TX	PATIENT CARE 40	68,310.	7,423.	
<u>OFILIA CANALES</u> 104 BABCOCK, SAN ANTONIO, TX	NURSE PRAC. 40	63,929.	6,992.	
<u>RACHEL GOERES</u> 104 BABCOCK, SAN ANTONIO, TX	VP-CLIENT SER 40	61,022.	6,326.	
<u>MARGIT GERARDI</u> 104 BABCOCK, SAN ANTONIO, TX	NURSE PRAC. 40	60,307.	5,263.	
<u>BARBARA MYERS</u> 104 BABCOCK, SAN ANTONIO, TX	NURSE PRAC. 40	58,197.	2,745.	
Total number of other employees paid over \$50,000 ▶	3			

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

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶	0	

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>15,081</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 16		
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 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)(ii) 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 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)

PLANNED PARENTHOOD OF SAN ANTONIO

Schedule A (Form 990 or 990-EZ) 2002 AND SOUTH CENTRAL TEXAS

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,736,080.	1,815,534.	1,890,759.	2,064,353.	7,506,726.
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	1,759,950.	1,592,412.	1,468,816.	1,136,802.	5,957,980.
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	25,037.	35,694.	36,429.	29,923.	127,083.
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	3,872.	5,356.	SEE STATEMENT 17 3,358.	5,007.	17,593.
23 Total of lines 15 through 22	3,524,939.	3,448,996.	3,399,362.	3,236,085.	13,609,382.
24 Line 23 minus line 17	1,764,989.	1,856,584.	1,930,546.	2,099,283.	7,651,402.
25 Enter 1% of line 23	35,249.	34,490.	33,994.	32,361.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 153,028.
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 sum of all these excess amounts					26b 21,972.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,651,402.
d Add Amounts from column (e) for lines 18 127,083. 19 _____ 22 17,593. 26b 21,972.					26d 166,648.
e Public support (line 26c minus line 26d total)					26e 7,484,754.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.8220%
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 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	13,784.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	1,297.
38	Total lobbying expenditures (add lines 36 and 37)	38	15,081.
39	Other exempt purpose expenditures	39	4,475,857.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,490,938.
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	374,547.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	93,637.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0.

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total	
45	Lobbying nontaxable amount	374,547.	345,184.	326,994.	310,732.	1,357,457.
46	Lobbying ceiling amount (150% of line 45(e))					2,036,186.
47	Total lobbying expenditures	15,081.	22,562.	10,876.	10,380.	58,899.
48	Grassroots nontaxable amount	93,637.	86,296.	81,749.	77,683.	339,365.
49	Grassroots ceiling amount (150% of line 48(e))					509,048.
50	Grassroots lobbying expenditures	13,784.	14,863.	10,313.	9,836.	48,796.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked (X).

N/A

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) No

b If "Yes," complete the following schedule

N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

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	Name of Exempt Organization PLANNED PARENTHOOD OF SAN ANTONIO AND SOUTH CENTRAL TEXAS	Employer identification number 74-1297211
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P O box, see instructions 104 BABCOCK	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAN ANTONIO, TX 78201	

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 **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2002** or
▶ tax year beginning _____, and ending _____

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

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

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

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

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 ▶ *Jay R. Remie* Title ▶ *CPA* Date ▶ *5/1/03*
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CAPITAL GAIN				
DIVIDENDS	4,449.	0.	0.	4,449.
GAIN ON CONTRIBUTED STOCK	5,972.	5,656.	0.	316.
TO FORM 990, PART I, LINE 8	10,421.	5,656.	0.	4,765.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED					
			PURCHASED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
COMPUTER EQUIPMENT ABANDONED				0.	308,136.	0.	273,774.	-34,362.
TO FM 990, PART I, LN 8					308,136.	0.	273,774.	-34,362.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RECEPTION FOR INCOMING CHAIR	10,077.	0.	10,077.	2,265.	7,812.
SPEECH BY GUEST BOOK AUTHOR	3,080.	0.	3,080.	2,793.	287.
TO FM 990, PART I, LINE 9	13,157.	0.	13,157.	5,058.	8,099.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	4
<u>AFFILIATE'S NAME</u>		<u>AFFILIATE'S ADDRESS</u>	
PLANNED PARENTHOOD FEDERATION OF AMERICA		810 SEVENTH AVENUE, NEW YORK, NY	
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>	
HELP SUPPORT, AND IN RETURN, RECEIVE SERVICES FROM THE NATIONAL ORGANIZATION		39,620.	
TOTAL TO FORM 990, PART I, LINE 16		39,620.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED APPRECIATION ON INVESTMENTS		-119,801.	
TOTAL TO FORM 990, PART I, LINE 20		-119,801.	

FORM 990	OTHER EXPENSES			STATEMENT	6
<u>DESCRIPTION</u>	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
MEDICAL LICENSES & EXPENSES	5,737.	5,737.			
LIABILITY INSURANCE	69,312.	69,312.			
LAB FEES	172,973.	172,973.			
CONTRACT MEDICAL SERVICES	147,551.	147,551.			
COPIER/RISOGRAPH COSTS	9,185.	7,600.	1,140.	445.	
LIBRARY ACQUISITIONS	1,609.	1,278.	71.	260.	
COMPUTER SOFTWARE/SERVICES	19,623.	14,871.	3,252.	1,500.	
DONOR RECOGNITION	3,995.			3,995.	
ADVERTISING	51,967.	47,898.	2,400.	1,669.	
BANK CHARGES	20,181.		19,263.	918.	
PROFESSIONAL SERVICES	695.	270.	425.		

STAFF ACTIVITIES	11,210.	2,442.	8,768.	
INTER-AGENCY RELATIONS	7,298.	6,498.	275.	525.
MISCELLANEOUS	9,940.	6,872.	2,934.	134.
SUBSCRIPTIONS	1,429.	707.	722.	
STAFF/BOARD DEVELOPMENT	57,142.	42,585.	9,759.	4,798.
DUES-DEPARTMENTAL	1,971.	1,351.	395.	225.
VAN-GAS & MAINTENANCE	3,748.		3,748.	
TOTAL TO FM 990, LN 43	595,566.	527,945.	53,152.	14,469.

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

EXPLANATION

WE PROVIDE AND PROTECT THE SEXUAL AND REPRODUCTIVE HEALTH CARE AND INFORMATION PEOPLE NEED TO PLAN THEIR FAMILIES AND THEIR FUTURES.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE ONE

CLINICAL SERVICES FOR MORE THAN 27,200 SOUTH TEXANS WITH LIMITED INCOMES INCLUDING A WIDE RANGE OF BIRTH CONTROL METHODS, CLINICAL BREAST EXAMS, SCREENINGS FOR CERVICAL CANCER, ANEMIA, AND DIABETES, EMERGENCY CONTRACEPTION, TESTING FOR AND TREATMENT OF STDS, HIV TESTING AND REFERRALS, FIRST TRIMESTER ABORTION CARE, REFERRALS FOR PRE-NATAL CARE AND ADOPTION PLANNING

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		3,497,765.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE TWO

COMMUNITY EDUCATION - OUR EDUCATORS PROVIDED 6,835 INDIVIDUALS AGED 11 TO 50 WITH COMPREHENSIVE, MEDICALLY ACCURATE, AGE APPROPRIATE INFORMATION. THROUGH 556 PROGRAMS, PROMOTING SEXUAL HEALTH AND RESPONSIBILITY, WE REACHED DIVERSE SEGMENTS OF OUR COMMUNITY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		167,111.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
TREASURY NOTES	25,148.		25,148.
TOTAL TO FORM 990, LINE 54, COL B	25,148.		25,148.

FORM 990 OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	AMOUNT
MUTUAL FUNDS	MARKET VALUE	472,607.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		472,607.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT & SOFTWARE	790,948.	298,137.	492,811.
LEASEHOLD IMPROVEMENTS	284,881.	67,147.	217,734.
BUILDINGS & IMPROVEMENTS	743,882.	461,329.	282,553.
LAND	80,000.	0.	80,000.
TOTAL TO FORM 990, PART IV, LN 57	1,899,711.	826,613.	1,073,098.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 13

LENDER'S NAME TERMS OF REPAYMENT

FROST NATIONAL BANK

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/01/02	01/30/04	300,000.	6.75%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

COLLATERALIZED BY INVESTMENTS IN MUTUAL FUNDS LINE OF CREDIT

RELATIONSHIP OF LENDER

N/A

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	295,902.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 295,902.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RABBI BARRY H. BLOCK	CHAIRMAN 1.0	0.	0.	0.
PAT JASSO	CHAIR-ELECT 1.0	0.	0.	0.
LYDIA M. ANDRADE, PHD.	TREASURER 1.0	0.	0.	0.
FRED CAMPBELL, JR., MD	IMMEDIATE PAST CHAIR 1.0	0.	0.	0.
JANET ALYN	DIRECTOR .50	0.	0.	0.
MINDI ALTERMAN	DIRECTOR .50	0.	0.	0.
JUDGE JUAN ANTONIO CHAVIRA	DIRECTOR .50	0.	0.	0.
ISABEL DE LA RIVA	DIRECTOR .50	0.	0.	0.
JOHN EVANS	DIRECTOR .50	0.	0.	0.
MARILYN S. HARRINGTON, PHD	DIRECTOR .50	0.	0.	0.
GLORIA HERNANDEZ	DIRECTOR .50	0.	0.	0.

DENISE Y MEJIA	DIRECTOR .50	0.	0.	0.
PATRICIA J. KELLY, PHD, RN	DIRECTOR .50	0.	0.	0.
LOUIS KOWALSKI	DIRECTOR .50	0.	0.	0.
PHYLLIS A. MASSENGALE	DIRECTOR .50	0.	0.	0.
LUZ PRIETO	DIRECTOR .50	0.	0.	0.
SONIA M. RODRIGUEZ	DIRECTOR .50	0.	0.	0.
REV ELIZABETH MCGREGOR SIMMONS	DIRECTOR .50	0.	0.	0.
YOLANDA M. TAYLOR	DIRECTOR .50	0.	0.	0.
REV KAREN VANNOY	DIRECTOR .50	0.	0.	0.
LUCY HALL	.50	0.	0.	0.
JEFFREY HONS	PRESIDENT/CEO/SECRETARY 40	79,578.	7,479.	0.

ALL MAY BE REACHED C/O:
PLANNED PARENTHOOD OF SAN ANTONIO
AND SOUTH CENTRAL TEXAS

TOTALS INCLUDED ON FORM 990, PART V

79,578.	7,479.	0.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 15
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A PATIENT FEES ARE CHARGED ON A SLIDING FEE SCALE FOR FAMILY PLANNING AND HEALTH CARE IN OUR CLINICAL SERVICES PROGRAM. EVEN FOR PATIENTS WHO PAY OUR MAXIMUM FEES, MANY OF WHOM DO NOT HAVE HEALTH INSURANCE, THESE SERVICES ARE PROVIDED AT A RATE THAT IS GENERALLY 50% LESS THAN A LOCAL PRIVATE PHYSICIAN OR PHARMACY.

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH STATEMENT 16
 SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
 CREATORS, KEY EMPLOYEES, ETC.,
 PART III, LINE 2

A DIRECTOR IS AN OWNER OF THE COMPANY THAT COORDINATES OUR MEDICAL BENEFIT PROGRAM. THEY PERFORM THE STANDARD FUNCTION OF ALL BROKERS OF THIS TYPE OF SERVICE, WHICH IS TO REQUEST PROPOSALS FROM VARIOUS MEDICAL BENEFIT PROVIDERS AND PRESENT THESE TO US. WE DO NOT PAY ANY FEES DIRECTLY TO THIS COMPANY. ALL SUCH BROKERS RECEIVE THEIR FEES FROM THE PROVIDER SELECTED. WE BELIEVE THAT THE SERVICES PROVIDED BY THIS COMPANY ARE EQUAL TO OR BETTER THAN THOSE PROVIDED BY OTHER BROKERS THAT WE HAVE HAD IN THE PAST.

SCHEDULE A OTHER INCOME STATEMENT 17

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	3,872.	5,356.	3,358.	5,007.
TOTAL TO SCHEDULE A, LINE 22	3,872.	5,356.	3,358.	5,007.