

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

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 LOS ANGELES 1920 MARENGO STREET LOS ANGELES, CA 90033. D Employer Identification Number 95-2408623. E Telephone number (323) 223-4462. F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? Yes No. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

G Web site: WWW.PPLOSANGELES.ORG

J Organization type (check only one): 501(c) 3 (insert no), 4947(a)(1), or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 40,365,992.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED JUL 17 2006

RECEIVED

RECEIVED MAY 19 2006

EXPENSES

ASSETS

Handwritten marks and initials at the bottom right corner.

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) SEE STM 4 (cash \$ 204,124. non-cash \$)	22	204,124.	204,124.		
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	315,254.		200,704.	114,550.
26 Other salaries and wages	26	7,099,962.	5,930,654.	537,554.	631,754.
27 Pension plan contributions	27				
28 Other employee benefits	28	1,012,883.	829,134.	94,105.	89,644.
29 Payroll taxes	29	657,394.	496,730.	109,631.	51,033.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	226,956.	183,090.	39,722.	4,144.
34 Telephone	34	357,592.	320,993.	29,827.	6,772.
35 Postage and shipping	35	100,564.	35,863.	6,975.	57,726.
36 Occupancy	36	1,067,331.	989,183.	58,306.	19,842.
37 Equipment rental and maintenance	37	598,226.	538,716.	34,857.	24,653.
38 Printing and publications	38	275,226.	211,191.	5,027.	59,008.
39 Travel	39	136,442.	89,593.	31,584.	15,265.
40 Conferences, conventions, and meetings	40	54,761.	33,930.	6,677.	14,154.
41 Interest	41	24,934.	24,928.	6.	
42 Depreciation, depletion, etc (attach schedule)	42	569,044.	400,658.	122,510.	45,876.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 5	43a	6,007,563.	5,106,242.	629,220.	272,101.
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	18,708,256.	15,395,029.	1,906,705.	1,406,522.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 6 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) & (4) organizations and 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 SEE STATEMENT 7 ----- ----- (Grants and allocations \$ _____)	15,395,029.
b ----- ----- (Grants and allocations \$ _____)	
c ----- ----- (Grants and allocations \$ _____)	
d ----- ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	15,395,029.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	1,615,406.	45	2,853,684.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	1,984,962.		
	b Less allowance for doubtful accounts		900,238.	47c 1,984,962.
	48a Pledges receivable	5,410,520.		
	b Less allowance for doubtful accounts	22,775.	2,224,871.	48c 5,387,745.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts			51c
	52 Inventories for sale or use		413,237.	52 283,827.
	53 Prepaid expenses and deferred charges		221,288.	53 335,264.
	54 Investments – securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		8,042,467.	54 8,722,932.
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)			55c
	56 Investments – other (attach schedule)	SEE STMT 8		56 1,189,413.
	57a Land, buildings, and equipment basis	12,198,041.		
	b Less accumulated depreciation (attach schedule) STATEMENT 9	8,964,482.	2,250,856.	57c 3,233,559.
	58 Other assets (describe _____)			58
59 Total assets (add lines 45 through 58) (must equal line 74)		15,668,363.	59 23,991,386.	
LIABILITIES	60 Accounts payable and accrued expenses	1,311,894.	60	1,900,947.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	294,493.	64b	280,240.
	65 Other liabilities (describe _____)		65	
	66 Total liabilities (add lines 60 through 65)		1,606,387.	66 2,181,187.
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	7,461,994.	67	11,148,270.
	68 Temporarily restricted	4,592,982.	68	8,647,929.
	69 Permanently restricted	2,007,000.	69	2,014,000.
	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)	14,061,976.	73	21,810,199.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	15,668,363.	74	23,991,386.

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

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	26,456,479.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 204,383.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	SEE STM 10 \$ 31,862.		
	Add amounts on lines (1) through (4)	b	236,245.
c	Line a minus line b	c	26,220,234.
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	26,220,234.

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

a	Total expenses and losses per audited financial statements	a	18,708,256.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	18,708,256.
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	18,708,256.

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 11		231,154.	17,491.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes No

If 'Yes,' attach schedule -- see instructions

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	X	
80a	If 'Yes,' enter the name of the organization ▶ <u>PLANNED PARENTHOOD LA CTY ADVOCACY PROJE</u> ----- and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
82b	If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		N/A
85b	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		N/A
85c	c Dues, assessments, and similar amounts from members	85c	N/A
85d	d Section 162(e) lobbying and political expenditures	85d	N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
89b	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		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>CALIFORNIA</u>		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90b	192
91	The books are in care of ▶ <u>JAMES HANSBERRY</u> Telephone number ▶ <u>(323) 223-4462</u> Located at ▶ <u>1920 MARENGO STREET LOS ANGELES, CA</u> ZIP + 4 ▶ <u>90033</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CLINIC AND COUNSELING					15,388,675.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	192,054.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	164,542.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				356,596.	15,388,675.
105 Total (add line 104, columns (B), (D), and (E))					15,745,271.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PATIENT VISITS TO THE CLINICS ARE THE PRIMARY VEHICLE THROUGH WHICH THE ORGANIZATION ACCOMPLISHES ITS EXEMPT PURPOSE AS DESCRIBED IN PART III. THESE FEES RESULT FROM THE PATIENT VISITS.

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 attachments, if any, and I believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has knowledge.

Please Sign Here

Signature of officer: *James J. Hzosberny*

Type or print name and title: James J. Hzosberny

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: RBZ, LLP
11755 WILSHIRE BLVD. SUITE 9
LOS ANGELES, CA 90025-1506

SCHEDULE A'
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No 1545-0047

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

2004

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

Employer identification number

PLANNED PARENTHOOD LOS ANGELES

95-2408623

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 and deferred compensation	(e) Expense account and other allowances
MARGYE BAUMGARDNER ----- 1920 MARENGO ST, LA CA 90033	VP DEVELOPMENT FULL-TIME	125,000.	14,198.	0.
BOBBY LEE ----- 1920 MARENGO ST, LA CA 90033	FULL TIME	104,808.	8,094.	0.
PAIGE HARDIN ----- 1920 MARENGO ST, LA CA 90033	FULL TIME	98,313.	9,701.	0.
MARY GATTER ----- 1920 MARENGO ST, LA CA 90033	FULL TIME	95,462.	13,058.	0.
STEPHANIE BARLOW ----- 1920 MARENGO ST, LA CA 90033	FULL TIME	94,231.	9,036.	0.
Total number of other employees paid over \$50,000 ▶	31			

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
ANESTHETISTS OF LOS ANGELES ----- 287 ARGONNE AVE, LONG BEACH, CA 90803	ANESTHESIA	376,096.
VALLORIE SAULSBERRY, MD PC ----- 1920 MARENGO ST, LOS ANGELES, CA 90033	CLINICIAN	187,807.
RBZ, LLP ----- 11755 WILSHIRE BLVD. #900, LA, CA 90025	AUDIT & ACCOUNTING	128,607.
JOSEPH MARMET, MD PC ----- 1920 MARENGO ST, LOS ANGELES, CA 90033	CLINICIAN	109,440.
MARY GATTER, MD ----- 1920 MARENGO ST, LOS ANGELES, CA 90033	CLINICIAN	93,113.
Total number of others receiving over \$50,000 for professional services ▶	6	

Part III Statements About Activities (See instructions)

	Yes	No
<p>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>350,000.</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>	1	X
<p>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)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p align="center">SEE FORM 990, PART V</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

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)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

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

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

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,376,635.	4,599,769.	4,992,821.	4,117,205.	21,086,430.
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	13,065,280.	12,788,407.	12,710,777.	11,380,841.	49,945,305.
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	100,429.	122,123.	143,387.	180,766.	546,705.
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 STMT 12.				51,490.	51,490.
23 Total of lines 15 through 22	20,542,344.	17,510,299.	17,846,985.	15,730,302.	71,629,930.
24 Line 23 minus line 17	7,477,064.	4,721,892.	5,136,208.	4,349,461.	21,684,625.
25 Enter 1% of line 23	205,423.	175,103.	178,470.	157,303.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 433,693.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 2,830,630.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 21,684,625.
d Add: Amounts from column (e) for lines	18 546,705.	19			26d 3,428,825.
	22 51,490.	26b 2,830,630.			26e 18,255,800.
e Public support (line 26c minus line 26d total)					26e 18,255,800.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.19 %
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.					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
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.					
(2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines	15 _____	16 _____			27c _____
	17 _____	20 _____	21 _____	27d _____	
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f _____
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 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

N/A
 Yes No

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29		
----	--	--

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30		
----	--	--

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31		
----	--	--

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?

32 a		
------	--	--

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32 b		
------	--	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32 c		
------	--	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

32 d		
------	--	--

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?

33 a		
------	--	--

b Admissions policies?

33 b		
------	--	--

c Employment of faculty or administrative staff?

33 c		
------	--	--

d Scholarships or other financial assistance?

33 d		
------	--	--

e Educational policies?

33 e		
------	--	--

f Use of facilities?

33 f		
------	--	--

g Athletic programs?

33 g		
------	--	--

h Other extracurricular activities?

33 h		
------	--	--

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

--	--	--

b Has the organization's right to such aid ever been revoked or suspended?

34 a		
------	--	--

If you answered 'Yes' to either 34a or b, please explain using an attached statement

34 b		
------	--	--

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

--	--	--

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

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		350,000.
38	Total lobbying expenditures (add lines 36 and 37)	0.	350,000.
39	Other exempt purpose expenditures		18,358,256.
40	Total exempt purpose expenditures (add lines 38 and 39)	0.	18,708,256.
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		1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41)		250,000.
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0.	0.
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0.	0.
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount	1,000,000.	985,098.			1,985,098.
46 Lobbying ceiling amount (150% of line 45(e))					2,977,647.
47 Total lobbying expenditures	350,000.	120,725.			470,725.
48 Grassroots non-taxable amount	250,000.	246,275.			496,275.
49 Grassroots ceiling amount (150% of line 48(e))					744,413.
50 Grassroots lobbying expenditures		60,363.			60,363.

Part VI-B Lobbying Activity by Nonelecting Public Charities (See 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

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

Yes	No	Amount

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

PLANNED PARENTHOOD LOS ANGELES

95-2408623

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

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 14,168,487.
 COST OR OTHER BASIS: 14,003,945.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 164,542.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 164,542.

STATEMENT 2
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>
FOOD FARE	475,206.	368,765.	106,441.	106,441.	0.
SOUS CHEF	43,670.	23,103.	20,567.	20,567.	0.
PP YOUNG PROFESSIONALS	34,977.	20,474.	14,503.	14,503.	0.
OTHER	737.	435.	302.	302.	0.
TOTAL	<u>\$ 554,590.</u>	<u>\$ 412,777.</u>	<u>\$ 141,813.</u>	<u>\$ 141,813.</u>	<u>\$ 0.</u>

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

ACCRUED PARTNERSHIP INCOME	\$ 31,862.
UNREALIZED GAIN ON INVESTMENT	204,383.
TOTAL	<u>\$ 236,245.</u>

STATEMENT 4
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: SEE NOTE 1
 AMOUNT GIVEN: \$ 204,124.

TOTAL GRANTS AND ALLOCATIONS \$ 204,124.

PLANNED PARENTHOOD LOS ANGELES

95-2408623

**STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	22,878.	20,340.	2,018.	520.
BANK CHARGES	98,991.	3,863.	95,116.	12.
CASUAL LABOR	434,419.	353,483.	53,275.	27,661.
CLINICIANS	1,161,328.	1,161,328.		
DUES	313,180.	270,385.	29,822.	12,973.
EDUCATION MATERIALS	14,406.	13,595.	138.	673.
INSURANCE	358,212.	340,546.	10,113.	7,553.
LAB TESTS	177,055.	177,055.		
MARKETING	64,110.	6,640.	48,106.	9,364.
MISCELLANEOUS	68,483.	47,564.	16,796.	4,123.
PROFESSIONAL SERVICES	1,008,098.	444,337.	354,624.	209,137.
SUPPLIES - MEDICAL	2,139,938.	2,139,938.		
TAXES AND LICENSES	20,736.	16,254.	4,397.	85.
UTILITIES	125,729.	110,914.	14,815.	
TOTAL	\$ 6,007,563.	\$ 5,106,242.	\$ 629,220.	\$ 272,101.

**STATEMENT 6
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROVIDE EASY, AFFORDABLE ACCESS TO A FULL RANGE OF QUALITY REPRODUCTIVE HEALTH CARE AND SEXUAL HEALTH INFORMATION, THROUGH PATIENT SERVICES, EDUCATION, AND ADVOCACY.

**STATEMENT 7
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
CLINICS AND COUNSELING		
PPLA PROVIDES CONFIDENTIAL REPRODUCTIVE HEALTH CARE TO ALMOST 68,000 WOMEN AND MEN EACH YEAR. BIRTH CONTROL ACCOUNTS FOR MORE THAN 87% OF THE SERVICES PROVIDED. OVER 95% OF OUR PATIENTS HAD INCOMES AT OR BELOW 250% OF THE FEDERAL POVERTY LEVEL. OVER 59% OF OUR PATIENTS WERE UNDER THE AGE OF 25.		
THE ENTIRE LIST OF SERVICES INCLUDES BIRTH CONTROL, EMERGENCY CONTRACEPTION, PREGNANCY TESTS AND OPTIONS COUNSELING, ADOPTION REFERRALS, MEDICATION AND SURGICAL ABORTION SERVICES, PAP TESTS, CANCER SCREENING AND EDUCATION, EARLY STAGE CERVICAL CANCER AND PRE-CANCER TREATMENT, VASECTOMY AND STERILIZATION COUNSELING, TESTING/TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS TESTING AND COUNSELING, AND MID-LIFE SERVICES.		11,573,797.

PLANNED PARENTHOOD LOS ANGELES

95-2408623

STATEMENT 7 (CONTINUED)
 FORM 990, PART III, LINE A
 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES		
EDUCATION				
<p>PPLA EDUCATION PROGRAMS TEACH MEDICALLY ACCURATE, AGE-APPROPRIATE REPRODUCTIVE HEALTH INFORMATION TO ALLOW FOR RESPONSIBLE DECISION-MAKING. PPLA REACHES OVER 50,000 ADULT WOMEN, MEN AND TEENS WITH THAT CRITICAL INFORMATION THROUGH OUR COMMUNITY EDUCATION AND OUTREACH PROGRAMS.</p> <p>THE JUNIOR HIGH/MIDDLE SCHOOL PROGRAM COVERS PUBERTY AND ANATOMY, ABSTINENCE, AGE-APPROPRIATE INFORMATION ABOUT BIRTH CONTROL AND SEXUALLY TRANSMITTED INFECTIONS (STI'S) AND WAS PRESENTED 501 TIMES REACHING MORE THAN 2,972 STUDENTS IN 12 SCHOOLS AND ONE COMMUNITY GROUP. THE HIGH SCHOOL PROGRAM COVERS SEXUALITY, HEALTHY RELATIONSHIPS, SAFER SEX, PREGNANCY AND PARENTING, AND CONDOMS AND BIRTH CONTROL AND WAS PRESENTED 911 TIMES BY VOLUNTEER HIGH SCHOOL SPEAKERS TO MORE THAN 5,144 PERSONS AT 36 REGULAR HIGH SCHOOLS, 4 COLLEGES AND 6 COMMUNITY GROUPS.</p> <p>THROUGH EDUCATION RESOURCES AND TRAINING, PPLA ALSO PROVIDES EDUCATIONAL RESOURCES TO THE PUBLIC THROUGH OUR RESOURCE LIBRARY WITH A BROAD SELECTION OF PAMPHLETS, VIDEOS, BOOKS, CURRICULA AND REFERRALS.</p> <p>PROMOTORAS COMUNITARIAS TRAINS LATINA WOMEN THROUGH A COMPREHENSIVE 15 SESSION CURRICULUM TO BE HEALTH EDUCATORS IN THEIR COMMUNITY. OUR PROMOTORAS PRESENTED 4,910 CLASSES ON REPRODUCTIVE HEALTH, COMMUNICATION, DOMESTIC VIOLENCE, AND SUBSTANCE ABUSE IN HOMES, CHURCHES, COMMUNITY CENTERS, AFFORDABLE HOUSING DEVELOPMENTS, IN HEAD START CENTERS, AND EVEN IN GARMENT FACTORIES AND REACHED 10,009 PEOPLE. THE PROMOTORAS "GROWING TOGETHER" PROGRAM BRINGS MOTHERS AND THEIR 9-11 YEAR OLD DAUGHTERS TOGETHER TO BEGIN A LIFELONG HABIT OF TALKING TO EACH OTHER ABOUT VALUES, SEXUALITY, ASPIRATIONS AND RELATIONSHIPS.</p> <p>CIRCULO DU SALUD WAS CREATED BY PPLA AS A FOCUSED APPROACH TO SOARING TEEN PREGNANCY AND SEXUALLY TRANSMITTED INFECTION RATES IN THE HIGH-NEED AREA OF EAST LOS ANGELES. CIRCULO DU SALUD'S PEER EDUCATORS REACHED 2,901 YOUNG MEN, 1,465 YOUNG WOMEN AND 60 ADULTS.</p> <p>THE UJIMA PROJECT WAS LAUNCHED TO ADDRESS THE SOARING TEEN PREGNANCY AND SEXUALLY TRANSMITTED INFECTION RATES IN SOUTH LOS ANGELES. UJIMA'S OUTREACH EDUCATORS REACHED 4,444 YOUTH IN HIGH SCHOOLS AND 6,032 YOUTH OUTSIDE SCHOOL SETTINGS.</p>				
PUBLIC AFFAIRS.				
<p>PPLA IS A LEADING ADVOCATE FOR SEXUALITY EDUCATION, A WOMAN'S RIGHT TO CHOOSE, AND ACCESS TO REPRODUCTIVE HEALTH CARE. RECENT SUCCESSES OF PPLA IMPACT INCLUDE:</p> <p>CALIFORNIA FREEDOM OF ACCESS TO CLINIC ENTRANCES (FACE) LAW</p>				1,842,262.

PLANNED PARENTHOOD LOS ANGELES

95-2408623

STATEMENT 7 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
GIVES HEALTH CENTER STAFF AND PATIENTS ADDED PROTECTION FROM DOMESTIC TERRORISM. REPRODUCTIVE PRIVACY ACT BILL PROTECTS CALIFORNIA WOMEN'S FUNDAMENTAL RIGHT TO CHOOSE A SAFE, LEGAL ABORTION, EVEN IN THE EVENTUALITY OF THE SUPREME COURT REDUCING THE FEDERAL PROTECTIONS IN THE FUTURE. THIS LAW ALSO DELETED LANGUAGE IN THE CALIFORNIA THERAPEUTIC ABORTION ACT THAT WAS FOUND UNCONSTITUTIONAL IN STATE AND FEDERAL COURT.		
PRESCRIPTION DRUG BENEFIT. THROUGH THE ADVOCACY PROJECT EFFORTS, CALIFORNIA ENACTED A CONTRACEPTIVE EQUITY LAW REQUIRING EMPLOYERS THAT PROVIDE A PRESCRIPTION DRUG BENEFIT TO THEIR EMPLOYEES TO INCLUDE BIRTH CONTROL. CONTINUOUSLY, THE ADVOCACY PROJECT WORKS ALONGSIDE CALIFORNIA'S CONGRESSIONAL DELEGATION TO PROTECT ACCESS TO FAMILY PLANNING SERVICES AND COMPREHENSIVE SEXUALITY EDUCATION.		1,071,872.
CLIENT SERVICES		
PROVIDES CREDENTIALING SERVICES, LICENSING, TRAINING AND OTHER SUPPORT FUNCTIONS FOR PPLA CLINICS.		907,098.
	<u>\$ 0.</u>	<u>\$ 15395029.</u>

STATEMENT 8
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
INVESTMENT IN LIMITED PARTNERSHIP	MARKET VALUE	\$ 1,189,413.
	TOTAL	<u>\$ 1,189,413.</u>

STATEMENT 9
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 123,637.	\$ 123,637.	\$ 0.
FURNITURE AND FIXTURES	4,792,952.	4,272,424.	520,528.
MACHINERY AND EQUIPMENT	1,664,889.	1,263,245.	401,644.
BUILDINGS	588,228.	367,841.	220,387.
IMPROVEMENTS	4,427,911.	2,937,335.	1,490,576.
LAND	600,424.		600,424.
TOTAL	<u>\$ 12,198,041.</u>	<u>\$ 8,964,482.</u>	<u>\$ 3,233,559.</u>

PLANNED PARENTHOOD LOS ANGELES

95-2408623

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

ACCRUED PARTNERSHIP INCOME - SEE NOTE

TOTAL	\$	31,862.
	\$	<u>31,862.</u>

STATEMENT 11
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
JAMES J. HANSBERRY 1920 MARENGO STREET LOS ANGELES, CA 90033	CFO FULL TIME	\$ 86,154.	\$ 8,335.	\$ 0.
MARY-JANE WAGLE 1920 MARENGO ST LOS ANGELES, CA 90033	PRESIDENT & CEO FULL TIME	145,000.	9,156.	0.
BONNIE AARON LEVIN 1920 MARENGO ST LOS ANGELES, CA 90033	VICE CHAIR VARIOUS	0.	0.	0.
HON. BENJAMIN WONG, PH.D 1920 MARENGO ST LOS ANGELES, CA 90033	SECRETARY VARIOUS	0.	0.	0.
ALEJANDRO NICHOLAS MAYORKAS 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
CLAUDIA M. ALLEYNE, M.D 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
LISA BACA-SIGALA 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
BARBARA M. BOLLENBACH 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
HON. JOHN CHIANG 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
DIANE F. COOKE 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.

PLANNED PARENTHOOD LOS ANGELES

95-2408623

STATEMENT 11 (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
KARIN S. DAVALOS 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	\$ 0.	\$ 0.	\$ 0.
LYNNE M. DOLL 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
LUCY T. EISENBERG, ESQ 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
DIANE ENGLISH 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
LOIS EVANS 1920 MARENGO ST LOS ANGELES, CA 90033	CHAIRMAN VARIOUS	0.	0.	0.
CAROLE GABA 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
RABBI CARLA HOWARD 1920 MARENGO STREET LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
BETH FINLEY JONES 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
CAROL LEIF 1920 MARENGO ST LOS ANGELES, CA 90033	VICE CHAIR VARIOUS	0.	0.	0.
HON. SHARON MARTINEZ 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
R. RUSSELL MEYER 1920 MARENGO ST LOS ANGELES, CA 90033	TREASURER VARIOUS	0.	0.	0.
RAYMAN MATHODA 1920 MARENGO STREET LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.

PLANNED PARENTHOOD LOS ANGELES

95-2408623

STATEMENT 11 (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
DAVID NICKOLL 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	\$ 0.	\$ 0.	\$ 0.
SANDRA PRESSMAN 1920 MARENGO STREET LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
TAMARA POWERS 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
PATTI SHIN ROCKENWAGNER 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
PAULA RUDNICK 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
ROBERT SALVARIA 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
NANCY S. SANDERS 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
KRISTINA SCHAKE 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
MARK A. SCHUSTER, M.D., PH.D. 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
CAROL SHARER 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
DAVID B. RONE 1920 MARENGO STREET LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
BENJAMIN C. TYSCH 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.

PLANNED PARENTHOOD LOS ANGELES

95-2408623

STATEMENT 11 (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
CATHERINE L. UNGER 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	\$ 0.	\$ 0.	\$ 0.
JULIANNA C. YASINSKI 1920 MARENGO ST LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
BRENDA SHOCKLEY 1920 MARENGO STREET LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
LAUREN TURNER 1920 MARENGO STREET LOS ANGELES, CA 90033	DIRECTOR VARIOUS	0.	0.	0.
OTIS BOOTH, JR. 1920 MARENGO STREET LOS ANGELES, CA 90033	HONORARY DIR VARIOUS	0.	0.	0.
MURIEL GOODMAN 1920 MARENGO STREET LOS ANGELES, CA 90033	HONORARY DIR VARIOUS	0.	0.	0.
JOHN HOTCHKIS 1920 MARENGO STREET LOS ANGELES, CA 90033	HONORARY DIR VARIOUS	0.	0.	0.
YVONNE LENART 1920 MARENGO STREET LOS ANGELES, CA 90033	HONORARY DIR VARIOUS	0.	0.	0.
CHARLES T. MUNGER 1920 MARENGO STREET LOS ANGELES, CA 90033	HONORARY DIR VARIOUS	0.	0.	0.
OWEN B. PATOTZKA 1920 MARENGO STREET LOS ANGELES, CA 90033	HONORARY DIR VARIOUS	0.	0.	0.
TOTAL		\$ 231,154.	\$ 17,491.	\$ 0.

STATEMENT 12
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2003</u>	<u>(B) 2002</u>	<u>(C) 2001</u>	<u>(D) 2000</u>	<u>(E) TOTAL</u>
MISCELANEOUS INCOME	\$ 0.	\$ 0.	\$ 0.	\$ 51,490.	\$ 51,490.
TOTAL	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 51,490.</u>	<u>\$ 51,490.</u>

PLANNED PARENTHOOD LOS ANGELES

95-2408623

PART IV-A

OTHER AMOUNTS INCLUDED ON LINE A BUT NOT ON LINE 12

THE AMOUNT INDICATED HERE IS ACCRUED REVENUE FROM A LIMITED PARTNERSHIP INTEREST. THE PARTNERSHIP IS ON A CALENDAR TAX YEAR, AND HAS NOT ISSUED A K-1; THEREFORE THE REVENUE IS ESTIMATED, AND NOT YET RECOGNIZABLE FOR TAX PURPOSES.

NOTE 1

=====

FORM 990, PAGE 2, PART II, LINE 22
GRANTS AND ALLOCATIONS
REFERENCED FROM STATEMENT 4

PLANNED PARENTHOOD LOS ANGELES COUNTY ADVOCACY PROJECT
1920 MARENGO STREET
LOS ANGELES, CA 90033

NOTE 2

=====

FORM 990, SCHEDULE A, PAGE 6, PART VII, LINE 52B, COLUMN A
NAME OF ORGANIZATION

PLANNED PARENTHOOD LOS ANGELES COUNTY ADVOCACY PROJECT ("PPAP")

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.

Type or print <small>File by the extended due date for filing the return. See instructions</small>	Name of Exempt Organization PLANNED PARENTHOOD LOS ANGELES	Employer identification number 95-2408623
	Number, street, and room or suite number. If a P.O. box, see instructions 1920 MARENGO STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions LOS ANGELES, CA 90033	

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

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

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

The books are in care of **JAMES HANSBERRY**

Telephone No. **(323) 223-4462** FAX No. **(323) 225-5844**

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

- 4** I request an additional 3-month extension of time until 5/15, 2006
- 5** For calendar year _____, or other tax year beginning 7/01, 2004, and ending 6/30, 2005
- 6** If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 7** State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX 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  Title **CA** Date **2/6/06**

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. **EXTENSION APPROVED**
- 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 extended due date of the return for which an extension was requested. **MAR 08 2006**
- Other _____

Director _____ By _____ Date _____ **SUBMISSION PROCESSING DIRECTOR, 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

Type or print	Name RBZ, LLP
	Number and street (include suite, room, or apartment number) or a P.O. box number 11755 WILSHIRE BLVD. SUITE 900
	City or town, province or state, and country (including postal or ZIP code) LOS ANGELES, CA 90025-1506