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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 10-	01-2008 and ending 09-30-200	9			
B Ch	eck ıf a	pplicable	Please	C Name of organization Planned Parenthood of the Roo	ky Mountains Inc		D Employer ide	ntification number	
☐ Add	dress ch	nange	use IRS label or		Sky Flouritains Inc		84-040425		
┌ Na	me cha	nge	print or	Doing Business As			E Telephone nu	ımber	
┌ Init	al retu	rn	type. See Specific	Number and storet (s. D.O. ba	x if mail is not delivered to street addre	\ D / t -	(303)813-7	7611	
	mınatıc		Instruc-	7155 E 38 Avenue	x if mail is not delivered to street addre	ss) Room/suite	G Gross receipt	s \$ 31,595,905	
_			tions.		1.770		_		
	ended			City or town, state or country, Denver, CO 80207	and ZIP + 4				
J Apı	olication	n pending							
				•	O fficer	H(a) Is the	is a group return		
						affilia	tes?	ΓYes Γ Nο	
						H(b) Are al	l affiliates include	ed?	
Part Summary									
J W	eb sit	e: ► WW	/W PPRM O	RG		1			
К Тур	e of or	ganızatıon	✓ Corporat	ion trust association oth	er 🟲	L Year of Fo	rmation 1916 M	State of legal domicile CO	
Pa	rt I	Sum	mary						
				e organization's mission or	most significant activities				
မွ		TO IMP	ROVETHE	E QUALITY OF LIFE BY PR	OVIDING AFFORDABLE AND A	CCESSIBLE	FAMILY PLANN	ING AND RELATED	
Ě		HEALT	H SERVICE	ES FOR WOMEN AND MEN	OF ALL AGES AND INCOME LE	EVELS			
Ĕ									
8	2	Check	this box $lacksquare$	if the organization discontin	ued its operations or disposed o	f more than 2	5% of its assets	5	
	3	Numbe	r of voting r	members of the governing bo	ody (Part VI, line 1a)		з_	24	
20 67	4	Numbe	r of ındepen	ident voting members of the	governing body (Part VI, line 11)	. 4 _	24	
₽	5	Total n	umber of en	nployees (Part V , line 2a)			5 _	460	
¥	6	Total n	umber of vo	lunteers (estimate if neces	sary)		6 _	350	
ď	7a	Total g	ross unrela	ted business revenue from l	Part VIII, line 12, column (C)		7a _	0	
	ь	Net unr	elated busi	ness taxable income from F	orm 990-T, line 34		7b		
						Pric	or Year	Current Year	
_	8	Contri	butions and	d grants (Part VIII, line 1h)			10,029,211	8,731,921	
E E	9	Progra	ım service	revenue (Part VIII, line 2g)			20,406,847	21,002,287	
e Ae	10	Invest	tment incor	me (Part VIII, column (A), l	nes 3, 4, and 7d)		3,120,453	1,031,960	
	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-1,069	2,477	
	12		revenue—a	dd lines 8 through 11 (must	equal Part VIII, column (A), lin	e	33 555 442	30,768,645	
	12		and similar	ar amounts paid (Dart IV so	Lump (A.) Lines 1 2)			115,000	
					, ,,		113,000	115,000	
			•	,	, ,,				
\$	15		es, other co	ompensation, employee ben	ents (Part IX, Column (A), lines :	9-	13,091,027	14,692,385	
<u>%</u>	16a	Profes	sional fund	raising fees (Part IX, colum	n (A), line 11e)			92,621	
춫	ь	(Total f	undraising exi	penses. Part IX. column (D), line :	o ₅ 810,083				
Ш	17	•			•		14.587.747	13,499,172	
	18						27,793,774	28,399,178	
	19			censes Subtract line 18 fro			5,761,668	2,369,467	
ው ያ						Beginn	ing of Year	End of Year	
Net Assets or Fund Balances	20	Total	assets (Da	rt X, line 16)		209	34,066,051	35,762,171	
35 H							, ,	· · ·	
# E	21			Part X, line 26)		3,212,509	2,574,292		
					I from line 20		30,853,542	33,187,879	
Pai	rt II		ature Blo						
					ned this return, including accompanying of preparer (other than officer) is base				
Plea	se	***		•	, , ,	1	-08-02	, ,	
Sign		Sign	ature of office	er	00 02				
Here	е	Vick	Cowart Presi	ident/CEO					
			e or print nam						
		Preparei	's L			Check if	Preparer's PTIN (See Gen Inst)	
Paid		signatur		n A Rooney CPAMA		self- empolyed 🕨 🦳			
	arer's	Firm's n	ame (or yours	s L GHP Horwath PC					
Use		ıf self-er	mployed),	P			EIN 🕨		
	,	address,	and ZIP + 4	1670 Broadway Suite 3000			Phone no 1 (3	03) 831-5000	
				Denver, CO 80202			1.110110 110 1 (3	<u> </u>	
May	the IR	S discus	s this retu	rn with the preparer shown a	ibove? (See instructions)			▼ Yes No	

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	TO IMPROVE THE QUALITY OF LIFE BY PROVIDIN AGES AND INCOME LEVELS	IG AFFORDABLE AND ACCE	ESSIBLE FAMILY PLANNING	AND RELATED HEALTH SERVICES	FOR WOMEN AND MEN OF ALL
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?		rices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?		changes in how it cond	lucts any program · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these changes on So	chequie O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and revenu	ns and 4947(a)(1) tru	ists are required to re	port the amount of grants a	
4a	(Code) (Expenses \$ PATIENT SERVICES- PLANNED PARENTHOOD FAMILY PLANNING SERVICES SUCH AS CONTE CANCER SCREENING, HIV AND OTHER SEXUA FY 2009 OUR PRENATAL PROGRAM PROVIDE THRESHOLD AT THIS LEVEL, INDIVIDUALS EA	OF THE ROCKY MOUNTAIN RACEPTIVES, PRENATAL CA LLY TRANSMITTED DISEAS D SERVICES TO 485 CLIEN	ARE, PREGNANCY TESTING SES APPROXIMATELY EIGH STS IN FY 2009 28% OF C	, GYNECOLOGICAL OR MID-LIFE T PERCENT OF OUR CLIENTS RE OUR CLIENTS ARE AT OR BELOW	CARE AND LAB TESTS FOR PRE- CEIVED ABORTION SERVICES IN
4b	(Code) (Expenses \$	2,525,795	including grants of \$	115,000) (Revenue \$	56,646)
	EDUCATION- IN FY 2009, PPRM DELIVERED 1 ABOUT REPRODUCTIVE HEALTH AND SEXUALI DEPARTMENT PROVIDED 140 DAYS OF TRAIN	TY THROUGH OUR COMMI	UNITY EDUCATION PROGRA	AMS IN ADDITION, PPRM'S PRO	
4c	(Code) (Expenses \$	ır	ncluding grants of \$) (Revenue \$)
4d	Other program services (Describe in	Schedule O N			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	22,068,780	Must equal Part IX, L	ine 25, column (B).	

Part IV	Checkl	ist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🥵	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		No
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	<u> </u>
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	655			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
3 -	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	460			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?		ľ	3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	\circ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s		ľ	30		
Tu	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	- 1	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp Tax Shelter Transaction?	t Entit	y Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement th		İ			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I		7c		N O
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?	• •		7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?		l			<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?		ľ	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	l	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body an	d Management	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•						
1a	Enter the number of voting members of the governing body 1a 2	4						
Ь	Enter the number of voting members that are independent 1b 2	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7ь		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	. 8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		No				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - ☐ own website ☐ another's website ☐ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION 7155 E 38 AVE DENVER, CO 80207 (303) 813-7611

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

(A) Name and Title (B) A verage hours per week (C) Reportable compensation from related organizations (W- 2/1099- MISC) (W- 2/1099- MISC)					C) (che apply	cka /)	II			(5)	(F)
	(A)	Average hours per	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	compensation from the organization (W-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
				1	\vdash	-					
				-		_					
				+	$\vdash\vdash\vdash$	-					
					\vdash	\neg					
					\Box						
				1	\vdash	_					
1b Total	1b Total			<u>.</u>				-	1,061,967	7 (57,071

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►6

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo		
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
Center For Disease Detection PO Box 659509 SAN ANTONIO, TX 78265	LABORATORY SERVICES	473,792
UTE INC 3060 WESTWOOD DRIVE LAS VEGAS, NV 89109	CONSTRUCTION	235,589
CAITLIN CADENA BURTON MD PC 700 N COLORADO BLVD DENVER, CO 80206	CONTRACT PHYSICIAN	108,777
THE MEDIA TEAM 940 WADSWORTH BLVD LAKEWOOD, CO 80214	ADVERTISING	440,791
HEIZER PAUL LLP 2401 15TH STREET SUITE 300 DENVER, CO 80202	LEGAL SERVICES	108,797
2 Total number of independent contractors (including those in 1) who received more than from the organization	•	10

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512,513, or 514
	1a	Federated can	npaigns 1a	230,585				
nts nts	ь	Membership d	ues					
Jrai Our			1b					
s, ç am	С	Fundraising ev	/ents 1c	68,068				
gifts, ilar an	d	Related organi	ızatıons1d					
Contributions, gifts, grants and other similar amounts	е	Government grants (contributions) 1e		1,402,124				
ioi r si	f	All other contributions, gifts, grants, and 7,031,144						i
- 1		sımılar amounts r	not included above					
nt. do	g	Noncash cont	rıbutıons ıncluded ın					
သိမ	١.	lines 1a-1f \$			8,731,921			
	h	lotal (Add line	es 1a-1f) . . .					
				Business Code				
nne	2a	PATIENT FEES AN SUPPLIES	ID CONTRACEPTIVE	621,110	20,945,641	20,945,641		
еле	ь	EDUCATION REVE	ENUE	624,100	56,646	56,646		
eВ	с							
rwc	d							1
- 25 - 26	e							
ranı	f	All other progr	ram service revenue					+
Program Service Revenue			Jarrica ravende					
4	g	Total. Add line ▶ \$ 21,002,28	es 2a-2f					
	3		come (including divi	dends. Interest				
			amounts)		251,787			251,787
	4		estment of tax-exempt b	ond proceeds	0			+
				▶				
	5	Royalties .		1	0			
	_	6a Gross Rents	(ı) Real 8,164	(II) Personal				
	6a b	Gross Rents Less rental	37,278					
		expenses						
	С	Rental income or (loss)	-29,114					
	d	Net rental inco	ome or (loss)		-29,114	-29,114		
	7a		(ı) Securities	(II) O ther				
		Gross amount from sales of	144,444	1,393,086				
		assets other						
	ь	than inventory Less cost or	144,903	612,455				
		other basis and sales expenses						
	С	Gaın or (loss)	-459	780,631				
	d	Net gaın or (lo		. ▶	780,173	780,631		-458
	8a		from fundraising	· ·				
		events (not in	cluding					
<u> </u>		¥	4,910 ns reported on line					
듄		1c) See Part :	IV, line 18					
ev Fev		Attach Schedul \$15,000	e G ıf total exceeds					
<u></u>	ь	. ,	xpensesb	68,068				
Other Revenue	c		(loss) from fundrais	32,624 ing events	-7,714			-7,714
0	9a			<u>▶</u>				+
	34	Gross income activities See	from gaming part IV , line 19					
		Complete Schedexceeds \$15,00						
		CACCCU3 \$15,00	a					
	ь	Less directe:	xpensesb					
	С	Net income or	(loss) from gaming		0			
	10a	Cross soles of	finiantory lass	<u>►</u>				
		returns and all	finventory, less lowances .					
			а					
	b		goods sold b					
	С		(loss) from sales of		0			
	44-	Miscellaneou		Business Code 900,099	10,430	10,430		
	11a	MISCELLANE		900,099				
	Ь	EXCISE TAX	REFUND	900,099	28,875	28,875		
	С							
	d	All other rever	nue					
	e	Total. Add line	es 11a-11d	\$ 39,305	T			
	12	Total Revenue	. Add lines 1h, 2g, 3		30,768,645	21,793,109		243,615
		8c,						
	J	ec, iuc, and 1	l1e	. •				Form 990 (2008)
								. J (2000)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	115,000	115,000						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	724,219		724,219					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	11,392,299	9,143,183		338,538				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	321,119	274,295	36,668	10,156				
9	Other employee benefits	1,383,835	1,076,332	274,205	33,298				
10	Payroll taxes	870,913	661,076	185,306	24,531				
11	Fees for services (non-employees)								
а	Management	0							
ь	Legal	108,797		108,797					
c	Accounting	80,578		80,578					
d	Lobbying	112,250	112,250						
e	Professional fundraising See Part IV, line 17	92,621			92,621				
f	Investment management fees	43,557		15,924	27,633				
g	Other	712,195	580,993	128,262	2,940				
12	Advertising and promotion	739,213	724,677	10,509	4,027				
13	Office expenses	6,319,538	5,888,885	381,586	49,067				
14	Information technology	436,230	203,437	218,943	13,850				
15	Royalties	0							
16	Occupancy	1,711,902	1,386,629	315,030	10,243				
17	Travel	446,709	357,259	75,399	14,051				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	0							
20	Interest	0							
21	Payments to affiliates	297,662		297,662					
22	Depreciation, depletion, and amortization	1,170,081	594,845	560,423	14,813				
23	Insurance	298,880	297,042	1,838					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	DEVELOPMENT	758,496	560,031	34,744	163,721				
b	TRAINING & LICENSING	209,433	86,472	112,367	10,594				
c	OTHER EXPENSES	53,651	6,374	47,277					
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	28,399,178	22,068,780	5,520,315	810,083				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Dart V	Balance	Shoot
Part X	Balance	Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				5,495,285	1	7,362,779
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				1,834,108	3	1,914,729
	4	Accounts receivable, net				777,482	4	920,669
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>					5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 5					6	
	7	Notes and loans receivable, net		30,000	7	275,000		
	8	Inventories for sale or use			Ē	2,333,873	8	2,234,554
22	9	Prepaid expenses and deferred charges				240,046	9	291,213
ssets	10a	Land, buildings, and equipment cost basis	10a	l	19,771,140			
⋖	b	Less accumulated depreciation Complete Part VI of	104		10,771,140	-		
	ט	Schedule D	10b		6,568,882	13,300,437	10c	13,202,258
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11 Complete Pa Schedule D	ert VII	of		8,554,883	12	8,945,447
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 $	art VII.	I			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	1,499,937	15	615,522			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				34,066,051	16	35,762,171
	17	Accounts payable and accrued expenses .				3,177,227	17	2,523,912
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
e)	21	Escrow account liability Complete Part IV of Schedule D					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				35,282	25	50,380
	26	Total liabilities. Add lines 17 through 25				3,212,509	26	2,574,292
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lir	nes 27	7			
φ		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets				17,730,675	27	22,764,316
ထို	28	Temporarily restricted net assets				9,113,964	28	6,164,660
귤	29	Permanently restricted net assets				4,008,903	29	4,258,903
or Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•		31			
AS	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances				30,853,542	33	33,187,879
z	34	Total liabilities and net assets/fund balances				34,066,051	34	35,762,171
Da	rt VT	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
ь	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493222014200

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Planne	ed Parer	nthood of the F	Rocky Mountains In	С								
								84	-040425	3		
	rt I			harity Status (to be co					Instruct	ions)		
The o	organiz	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section :	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	rıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	굣	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental ι	ınıt or fror	n the gene	eral publ	ıc
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and gr	oss
		receipts fro	m activities rel	ated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	income (l	less sectio	on 511 ta:	x) from bu	sinesses	5
		acquired by	the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III)			
10	Γ	Anorganiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	\sqcap	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of
				orted organizations describe						Section 5	09(a)(3). Check
				type of supporting organiza					_			.
_	_	·	• •			- Function			d		III - O	
е	1	•		rtify that the organization is agers and other than one or			•			•		
		section 50		agers and other than one or	more pub	men, supp.	ortou orga	Lations .	405011504	5000.01	. 505(4)	(1) 01
f		_		d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organ	ızatıo <u>n,</u>
		check this			J c t-		.					J
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any or the				
				r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
			•	ng body of the the supported		-	•		. ,	11g		No
			· -	erson described in (i) above	_					11g(No
			•	ty of a person described in (bove?				11g(No
h				nation about the organizatio			supports				/	
			J	j	•							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
		orted		(described on lines 1-9		ation in		nızatıon	organız	ation in	sup	port?
	0 rgan	nization		above or IRC section		listed in		i) of your		rganized		
	(See Instructions)) your governing support? in the U.S.? document?											
					Yes	No	Yes	No	Yes	No	-	
165 170 165 170 165 170												
						1				1		
						1	 			1		
						1				1		
						1		1		1	<u> </u>	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu ille box o	n line 5, 7, or	o or Part 1.)				
	ublic Support			,,	, n, a 1			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,307,953	7,181,397	9,221,554	10,029,211		8,731,921	40,472,036
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	5,307,953	7,181,397	9,221,554	10,029,211		8,731,921	40,472,036
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							2,707,389
6	(f) Public Support subtract line 5 from line 4							37,764,647
T	otal Support						•	
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	5,307,953	334,843	9,221,554	10,029,211		8,731,921	40,472,036
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	219,962	334,843	333,119	367,974		259,951	1,515,849
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total Support (Add lines 7 through 10)							41,987,885
12	Gross receipts from related activities, etc	(See instruction	ıs)			12		98,487,010
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	led by line 11 co	olumn (f))		14		89.942 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		89.866 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di	s a publicly supp d not check the	orted organizati box on line 13 o	on r 16a, and line 1	·			
17a	box and stop here. The organization qualification for the stand continuous transfer organization meets the "facts and circumstation .	If the organizations to the community of	on did not check ances" test, ch	a box on line 1. eck this box and	stop here. Exp	laın ın	Part IV ho	
b	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fact the organization meets the "facts and circumstances".	If the organizations to the community of	on did not check cances" test, ch	a box on line 1 eck this box and	3, 16a, 16b, or I stop here. Exp	17a ai Iain in	nd line 15 Part IV ho	ıs 10% or ow
18	Private Foundation. If the organization did							- -1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (Pr zations_complete Part III	oxy Tax)					
Na	nme of the organization nned Parenthood of the Rocky Mountain	·		Employer ider 84-0404253	ntification number			
Par		oy all organizations exempt of the instructions for Schedule (L CONTRACTOR CONTRACTO				
1	Provide a description of the or	ganızatıon's dırect and ındırect politic	cal campaign act	ivities in Part IV				
2	Political expenditures				\$			
3	Volunteer hours							
Par	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectioi	501(c)(3). (See the	instructions			
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955		\$			
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectioi	n 4955	\$			
3	If the organization incurred in	a section 4955 tax, did it file Form 4	720 for this year	?	┌ Yes			
4a	Was a correction made?				┌ Yes			
Ь	If "Yes," describe in Part IV							
Par		y all organizations exempt (sfor Schedule C for details.)	under sectioi	1 501(c), except sec	tion 501(c)(3).			
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities	\$			
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contribut	ted to other orga	nizations for section	\$			
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add lines	1 and 2 and ent	er here and on Form	\$			
4	Did the filing organization file I	Form 1120-POL for this year?			┌ Yes ┌ No			
5	were made Enter the amount p political contributions received	nd Employer Identification Number (E paid and indicate if the amount was pa d and promptly and directly delivered action committee (PAC) If additional	aid from the filing to a separate po	ı organızatıon's own ınterna Hitical organızatıon, such a	al funds or were s a separate			
	(a) Name	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-						
			1	_1				

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

i Subtract line 1 ffrom line 1 c Enter - 0 - if line f is more than line c

section 4911 tax for this year?

┌ Yes ┌ No

P		organizations exempt under section 501(otion 501(otion 501(h)). (See the instructions for Schedule		'68
	Check If the filing organization	belongs to an affiliated group checked box A and "limited control" provisions apply		
		obying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	5,191	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	120,046	
c	Total lobbying expenditures (add line	es 1a and 1b)	125,237	
d	Other exempt purpose expenditures		28,273,941	
e	Total exempt purpose expenditures	(add lines 1c and 1d)	28,399,178	
f	Lobbying nontaxable amount Enter t	he amount from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	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	1	
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- ıf lıne g ıs more than lıne a		

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 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_c	Total lobbying expenditures	105,096	84,155	1,231,481	125,237	1,545,969				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000				
f	Grassroots lobbying expenditures	40,321	20,743		5,191	74,737				

	5768 (election under section 501(h)). (See the instructions for Schedule C for d					
		(a	1)		(b)	
	·	Yes	No	A	moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
а	referendum, through the use of Volunteers?					
ь				1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f						
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	Other activities If "Yes," describe in Part IV					
j	Total lines 1c through					
-	1) Did the patientias in line 1 agree the arrangements in the net decombed in section FO1/a)/2)2		Ī	1		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes" enter the amount of any tax incurred under section 4912			+		
	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sec	tion	5016) or	
G.	section 501(c)(6). (See the instructions for Schedule C for details.)		301(,, 0.	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		<u> </u>
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sec					
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (question 3 is answered "Yes." (See the instructions for Schedule C for details.)	OK II	Part	III-A	٠,	
1	Dues, assessments and similar amounts from members	T	1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	F	'			
	expenses for which the section 527(f) tax was paid).					
	Current Year		2a \$			
b	Carryover from last year		2b\$			
C	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	-	3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
	expenditure next year?		4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			
Pā	Supplemental Information	•				
	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and F so, complete this part for any additional information	Part II	l-B, line	e 1ı		
	Identifier Return Reference Explanation	on				

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Planned Parenthood of the Rocky Mountains Inc 84-0404253 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Pari	•••• Organizations Maintaining Collection	1s of Art, H	istori	<u>cal Treasu</u>	ires, or Othe	r Similar Asse	ets (co	<u>intinued)</u>
3	Using the organization's accession and other records items (check all that apply)	, check any of	the fol	owing that ar	e a significant u	se of its collectio	n	
а	Public exhibition	d		Loan or exc	hange programs			
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	Provide a description of the organization's collections Part XIV	and explain h	ow the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be mai						Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arrange				ınızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount or	•		•				
1a	Is the organization an agent, trustee, custodian or oth included on Form 990, Part X?		ry for c	ontributions (or other assets r		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the fo	llowing table						
						A mo	unt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990,	Part X, line 2:	L?			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the or		nswer (b)Prior		Form 990, Par vo Years Back (d)		NEour Ve	ears Back
1a	Beginning of year balance	8,410,734	(D)FIIOI	rear (c)	vo reals back [(u)	Tillee Teals back (e	syr our re	ars back
	Contributions	508,308						
c	Investment earnings or losses	408,563						
d	Grants or scholarships							
e	Other expenditures for facilities	625,848						
	and programs							
f	Administrative expenses							
g	End of year balance	8,701,757						
2	Provide the estimated percentage of the year end bal-	ance held as						
а	Board designated or quasi-endowment ► 51 %							
b	Permanent endowment ► 49 %							
c	Term endowment ▶							
3a	Are there endowment funds not in the possession of torganization by	he organizatio	n that a	are held and a	idministered for	the	Yes	No
	(i) unrelated organizations					3a(i)	163	No
	(ii) related organizations					3a(ii)		No
b	If "Yes" to 3a(II), are the related organizations listed	as required or	Sched	ule R?		Зь		
4	Describe in Part XIV the intended uses of the organiz	atıon's endow	ment fu	nds				
Par	t VI Investments—Land, Buildings, and I	<u> quipment.</u>	See F	orm 990, P	art X, line 10.			
	Description of investment			Cost or other s (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Boo	ok value
1a	Land			<u> </u>	1,860,656			1,860,656
b	Buildings				11,149,392	2,132,100	•	9,017,292
c	Leasehold improvements				2,020,125	1,215,838		804,287
d	Equipment				4,740,967	3,220,944	:	1,520,023
е	Other							

13,202,258

Part VII Investments—Other Securities. See	e Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method (Cost or end-of-ye	
Financial derivatives and other financial products			
Closely-held equity interests			
Other MUTUAL FUNDS	8,945,447		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	8,945,447		
art VIII Investments—Program Related. Se		13. (c) Method (of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-ye	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I (a) Descr		T	(b) Book value
(a) Desci	iption		(b) Dook value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part	T'		
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
NNUITIES PAYABLE	50,380		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🔒	• 50,380		

30,768,645

Total expenses (Form 990, Part IX, column (A), line 25)	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	30,768,645
Met unrealized gains (losses) on investments 5 5 5 5 Donated services and use of facilities 5 6 6 Divestment expenses 7 7 7 7 7 7 7 7 7	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,399,178
Prince	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,369,467
Total Principle Princip	4	Net unrealized gains (losses) on investments	4	-35,130
7	5	Donated services and use of facilities	5	
Note Note Note Note Note Note Note Note Note Note Note Note Note Note Note Note Note N	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 9 -3.5,13.0 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 2,334,337 10 2,334,337 10 2,334,337 11 30,957,232 12 30,957,232 13 30,957,232 13 30,957,232 14 30,957,232 15 30,957,232 16 30,957,232 17 30,957,232 18 30,957,232 28 30,957,232 30 30,957,232 40 30,957,232	7	Prior period adjustments	7	
10	8	Other (Describe in Part XIV)	8	
Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	9	Total adjustments (net) Add lines 4 - 8	9	-35,130
1 Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,334,337
Statements	Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2a -35,130 4 20,785 5 30,768,645 5 8 20,785 5 30,768,645 6 9,902 8 20,747,860 8 8 20,747,860 8 20,747,860 8 20,747,860 8 20,747,860 8 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,747,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 9 20,748,860 <th< th=""><th>1</th><th></th><th></th><th>30,957,232</th></th<>	1			30,957,232
a Net unrealized gains on investments 2a -35,130 4 2 2 209,372 3 30,747,860 4 4 4 4 4 4 20,748 4 4 20,748 4 2 2 209,372 3 30,747,860 4 2 20,372 4 20,748 4 2 20,372 4 2 20,785 3 30,747,860 4 2 20,785 3 30,768,645 4 2 20,785 3 30,768,645 4 2 2 </th <th>_</th> <th></th> <th>1</th> <th></th>	_		1	
b Donated services and use of facilities 2b 174,600 4 c Recoveries of prior year grants 2c 3 d Other (Describe in Part XIV) 2d 69,902 e Add lines 2a through 2d 2e 209,372 d Add lines 2a through 2d 3 30,747,860 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 20,785 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 20,785 b Other (Describe in Part XIV) 4b 20,785 c Add lines 4a and 4b 4c 20,785 5 Total expense 3 and 4c. (This should equal Form 990, Part I, line 12) 5 30,762,855 5 Total expenses and losses per audited financial statements 1 28,622,895 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 1 28,622,895 3 Donated services and use of facilities 2a 174,600 b <t< th=""><th></th><th></th><th></th><th></th></t<>				
c Recoveries of prior year grants 2c ————————————————————————————————————				
d Other (Describe in Part XIV) 2d 69,902 4 209,372 3 209,372 3 30,747,860 4 209,372 3 30,747,860 4 3 30,747,860 4				
4 dd Innes 2a through 2d 2e 209,372 3 Subtract line 2e from line 1 3 30,747,860 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a 4a 4a 4a 4a 20,785 4a 20,785 4a 20,785 5a 30,768,685 5a 30,768,685 5a 6a 20,785 5a 30,768,685 5a 5a 30,768,685 5a 5a 30,768,685 5a 30,768,685 5a 5a 5a 30,768,685 <th< th=""><th></th><th></th><th></th><th></th></th<>				
Subtract line 2e from line 1			20	200 372
Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 20,785 b Other (Describe in Part XIV)				· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a 4a 20,785 b Other (Describe in Part XIV) 4b 20,785 4c 20,785 c Add lines 4a and 4b. 4c 20,785 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 30,768,645 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 28,622,895 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 174,600		.		30,747,000
b Other (Describe in Part XIV) 4b 20,785 4c 20,785 c Add lines 4a and 4b 4c 20,785 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 30,768,645 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 28,622,895 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 174,600 4c 28,622,895 a Donated services and use of facilities 2a 174,600 4c				
Add lines 4a and 4b				
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	_		4c	20.785
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements		Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		· · · · · · · · · · · · · · · · · · ·
1Total expenses and losses per audited financial statements128,622,8952A mounts included on line 1 but not on Form 990, Part IX, line 252aaDonated services and use of facilities2abPrior year adjustmentscLosses reported on Form 990, Part IX, line 25 <th></th> <th></th> <th>per</th> <th></th>			per	
Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	28,622,895
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
Losses reported on Form 990, Part IX, line 252cdOther (Describe in Part XIV)2d49,117eAdd lines 2a through 2d2e223,7173Subtract line 2e from line 1328,399,1784A mounts included on Form 990, Part IX, line 25, but not on line 1:4a4abOther (Describe in Part XIV)4a4acAdd lines 4a and 4b4c4c5Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)528,399,178	а	Donated services and use of facilities		
dOther (Describe in Part XIV)2d49,117eAdd lines 2a through 2d2e223,7173Subtract line 2e from line 1328,399,1784A mounts included on Form 990, Part IX, line 25, but not on line 1:4a4abOther (Describe in Part XIV)4a4acAdd lines 4a and 4b4c4cTotal expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)528,399,178	b	Prior year adjustments		
e Add lines 2a through 2d	c	Losses reported on Form 990, Part IX, line 25		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	223,717
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3	Subtract line 2e from line 1	3	28,399,178
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 4c 4c Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 28,399,178	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	ь	Other (Describe in Part XIV)		
	c		4c	
			5	28,399,178

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V. line 4. Part X. Part XI, line 8. Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part XII, line 2d		Fundraiser Event Revenue 32,624 Rental Revenue 37,278 \$69,902
Part XII, line 4b		Loss On Equipment Sale (8,090) Excise Tax Refund 28,875 \$20,785
Part XIII, line 2d		Rental Expenses 37,278 Fundraising Event Expenses 32,624 Loss On Equipment Sale 8,090 Excise Tax Refund (28,875) \$49,117
PART V, LINE 4		PPRM HAS THE FOLLOWING SEVEN ENDOWMENT EARNINGS FUNDS, GENERAL, EDUCATION, PUBLIC AFFAIRS, LAST RESORT, CLINICAL SERVICES, COLORADO SPRINGS AND WYOMING EACH FUND IS INVESTED IN ACCORDANCE WITH THE ORGANIZATION'S INVESTMENT POLICY ANNUALLY, EACH OF THE FUNDS RECEIVE BETWEEN 4% AND 6% OF ENDOWMENT EARNINGS BASED ON A ROLLING 12-QUARTER AVERAGE TO SUPPORT THESE PROGRAMS MANAGEMENT DETERMINES THE USE OF THE GENERAL FUNDS AND OTHER FUNDS ARE DIRECTED TO THEIR INDICATED PROGRAM
Part X		MANAGEMENT HAS ELECTED TO DEFER THE APPLICATION OF FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAIN TAX POSITIONS, ("FIN 48"), IN ACCORDANCE WITH FASB STAFF POSITION ("FSP") FIN 48-3

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493222014200

OMB No 1545-0047

Open to Public Inspection

Employer identification number

84-0404253

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Name of the organization Planned Parenthood of the Rocky Mountains Inc

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations
- Email solicitations
- Phone solicitations
- In-person solicitations

- e 🗸 Solicitation of non-government grants
- f 🔽 Solicitation of government grants
- g 🔽 Special fundraising events
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?
- **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of contributions?		fundraiser have custody or control of		fundraiser have custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No									
Telefund Inc	Phone		No	143,759	92,621	51,138						
Total			-									

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
	(a) Event #1 (b) Event #2 (c) Other Events ((d) ⊤o				
			2008 Gala	2009 Luncheon	2	(Add col	(a) th	rough
			(event type)	(event type)	(total number)		. (0)/	
₹	1	Gross receipts	23,697	10,880	15,575		5	0,152
Revenue	2	Less Charitable contributions	23,697	8,080	6,625		3	8,402
	3	Gross revenue (line 1 minus line 2)	0	2,800	8,950		1	1,750
	4	Cash Prizes	0	(0			0
Ses	5	Non-cash Prizes	0	C	0			0
Direct Expenses	6	Rent/Facility costs	0					0
ம ರ	7	Other direct expenses	0	2,800	8,950			1,750
2	8	Direct expense summary Add line	s 4 through 7 ın column	(d)			1	1,750
_	9	Net income summary Combine lin	es 3 and 8 ın column (d)		•			
Par	t II	Gaming. Complete if the org \$15,000 on Form 990-EZ, line		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
မှ	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
⊡ E	5	Other direct expenses						
	6	Volunteer labor	┌ Yes <u>%</u>	┌────────────────────────────────────	┌ Yes%_ ┌ No			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)				
9	Ent	er the state(s) in which the organizat					Yes	No
a		the organization licensed to operate of				. 9a		
b	If"	No," Explain						
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						10a		
b	If "Yes," Explain							
	_							
11 12		es the organization operate gaming a the organization a grantor, beneficiars				11	 	<u> </u>
12		ned to administer charitable gaming?						

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493222014200

OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

ramed rateminous of the Noc	iky frountains inc					84-0404253	
Part I General Infor	mation on Gran	nts and Assistance				•	
1 Does the organization mathe selection criteria use	ed to award the gran	nts or assistance?					√ Yes □
2 Describe in Part IV the o	<u> </u>						
Form 990, Part Part IV and Sch	IV, line 21 for an nedule I-1 if addit	ny recipient that rece Gional space is	eived more than \$5,0	00. Check this box	tes. Complete if the o	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood of the Rocky Mtns Action Fund 7155 E 38th Avenue Denver, CO 80207	84-1191279	501(c)(4)	115,000				General Operating Support
2 Enter total number of sec		_					
organizations 3 Enter total number of oth					• 		1

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Part I, Line 2		The governing board of PPRM, Inc is periodically provided financial statements from PPRM Action Fund, Inc This allows PPRM, Inc to monitor the use of its controlled grant to PPRM Action Fund, Inc

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DLN: 93493222014200

OMB No 1545-0047

Schedule J

Compensation Information

2008

Department of the Treasury Internal Revenue Service

(Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

Open to Public Inspection

that answered "Yes" to Form 990, Part IV, line 23. Name of the organization

Employer identification number Planned Parenthood of the Rocky Mountains Inc 84-0404253 **Questions Regarding Compensation**

					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		• • • • • • • • • • • • • • • • • • • •	2		
3	Indicate which, if any, of the following the organization organization organization organization.		·			
	∇ Compensation committee	<u> - - </u>	Written employment contract			
	Independent compensation consultant	<u> ~</u>	Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	i, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	?	4a		Νo
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	e applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		• • • • • • • • • • • • • • • • • • • •	7		Νο
8	Were any amounts reported in Form 990, Part VII, public subject to the initial contract exception described in Part III		•	8		No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred		(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation			compensation		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Vicki Cowart	(ı) (ıı)	217,704 0	30,525 0	0		7, 44 7 0	8,401 0	264,077 0	160,769 0	
Jodell Allen	(I) (II)	171,853 0	0 0	0	!	5,156 0	4,809 0	181,818 0	133,438 0	
Savita Ginde	(I) (II)	253,503 0	0 0	0		7,605 0	5,143 0	266,251 0	187,307 0	
	(ii)									
	(i) (ii)									
	(i)									
	(ii) (i)									
	(ii)									
	(i) (ii)									
	(i)									
	(ii) (i)									
	(ii)									

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

DLN: 93493222014200

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization Planned Parenthood of the Rocky Mountains Inc **Employer identification number**

84-0404253

Pa	rt I Types of Property							
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de revent	termıı	ning	
	A., M.,	applicable		1 g				
	Art—Works of art							
	Art—Historical treasures . Art—Fractional interests							
	Books and publications							
3	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	18	144,903	Stock Quote			
10	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic							
14	structures)							
15	Real estate—Residential .							
	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	In Kınd (Non-							
	Cash) Contributions							
25	Other (describe <u>not including</u>)	X	0	0	0			
	Professional							
26	Other (describe <u>Services</u>)	Х	43	71,957	FMV			
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received			ar for contributions for	29			0
	which the organization complete Acknowledgement	a Form 828	3, Part IV, Donee					
						1	Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date o	of the initial	contribution, and which is	not required to be used for (exempt purposes			
	for the entire holding period? $$.				[30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
	Does the organization have a gif				Ī	31	Yes	
32a	Does the organization hire or us	e third parti	es or related organizations	to solicit, process, or sell i	non-cash			
_	contributions?					32a	Yes	
	If "Yes", describe in Part II		n Calama () (
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	i) IS			
	checked, describe in Part II							

Identifier	omplete this part for any additional ReturnReference	Explanation
Line 32b	Keturnkererence	Planned Parenthood of the Rocky Mountains, Inc utilizes a broker
		to convert donated stock to cash

As Filed Data -

DLN: 93493222014200

Employer identification number

84-0404253

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Planned Parenthood of the Rocky Mountains Inc

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

 Identifier
 Return Reference
 Explanation

 Part VI, Section A, Line 10
 The Form 990 and accompanying schedules are prepared by a certified public accountant. A Draft copy is review ed by VP/Controller and PPRM legal counsel. A copy is provided to the Board of Directors prior to filling the return electronically.

ldentifier	Return Reference	Explanation
Part VI, Section B, Line 12c		ANNUALLY, EACH BOARD MEMBER IS REQUIRED TO SIGN A GOVERNANCE QUESTIONNAIRE THAT ASKS SPECIFIC QUESTIONS REGARDING CONFLICT OF INTEREST TAKEN DIRECTLY FROM THE QUESTIONS REQUIRED BY THE IRS ON THE FORM 990 THESE ARE REVIEWED BY THE VP/CONTROLLER AND CFO, AND ANY CONFLICTS ARE BROUGHT TO THE EXECUTIVE COMMITTEE OF THE BOARD

Identifier	Return Reference	Explanation
Part VI, Section B, Line 15		A) THE BOARD APPOINTS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS THE PERFORMANCE AND COMPENSATION OF THE CEO AND NEGOTIATES TERMS AND CONDITIONS OF EMPLOYMENT A PERMANENT RECORD OF THE EVALUATION IS MAINTAINED BY THE ORGANIZATION B) PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC HAS A PERFORMANCE REVIEW SYSTEM WHICH ALLOWS SUPERVISORS TO REVIEW THE PERFORMANCE OF DIRECT REPORTS ON AN ANNUAL BASIS THE SYSTEM IS CALLED "SUCCESS FACTORS," AND IS BASED ON A NUMERIC RATING SYSTEM AND CONSISTS OF QUESTIONS SPECIFIC TO EACH JOB DESCRIPTION

ldentifier	Return Reference	Explanation
Part VI, Section C, Line19		THE ARTICLES OF INCORPORATION, AUDITED FINANCIAL STATEMENTS, AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
Part VI, Section A, Line 2		Robert and Caryn Tyre are married and both serve as trustees on the board of trustees

DLN: 93493222014200

2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** Planned Parenthood of the Rocky Mountains Inc 84-0404253 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity 38th Avenue Firehouse LLC PPRM Inc 2401 15th Street Suite 300 Real Estate CO 0 Denver, CO 80202 84-0404253 **Identification of Related Tax-Exempt Organizations** (A) Name, address, and EIN of related organization Direct controlling Legal domicile (state Exempt Code section Public charity status Primary activity or foreign country) (if section 501(c)(3)) entity PPRM Action Fund Inc PPRM Inc 7155 E 38th Avenue Lobbying CO 501(c)(4) Denver, CO80207 84-1191279

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	ect controlling Income		(F) Share of total income		(G) Share of end-of- year assets	(H) Disproprtionat allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V	Transactions w	ith Related	Organizations
--------	----------------	-------------	----------------------

Part \	Transactions with Related Organizations							
No	te. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	?					
a Re	ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b Gı	ft, grant, or capital contribution to other organization(s)			1b	Yes			
c Gr	ft, grant, or capital contribution from other organization(s)			1c		No		
d Lo	ans or loan guarantees to or for other organization(s)			1d		No		
e Lo	ans or loan guarantees by other organization(s)			1e		No		
f Sa	le of assets to other organization(s)			1f		No		
g Pu	rchase of assets from other organization(s)			1g		No		
h Ex	change of assets			1h		No		
i Lea	ase of facilities, equipment, or other assets to other organization(s)			1i		No		
j Le	j Lease of facilities, equipment, or other assets from other organization(s)							
k Pe	rformance of services or membership or fundraising solicitations for other organizat	ion(s)		1k		No		
Performance of services or membership or fundraising solicitations by other organization(s)								
m Sh	aring of facilities, equipment, mailing lists, or other assets			1m	Yes			
n Sh	naring of paid employees			1n	Yes			
o Re	embursement paid to other organization for expenses			10		No		
p Re	embursement paid by other organization for expenses			1 p	Yes			
q 01	ther transfer of cash or property to other organization(s)			1q		No		
r Ot	her transfer of cash or property from other organization(s)			1r		No		
2 If t	the answer to any of the above is "Yes," see the instructions for information on who r	must complete this line, including covered relationships	s and transaction thresholds					
	(A)	(B)	(C)					
	Name of other organization(s)	Transaction type(a-r)	Amount Involved					
(1)	Planned Parenthood of the Rocky Mountains							
(2)	Action Fund Inc	b, m,			115,00)		
(3)								
(4)								

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

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DLN: 93493222014200

OMB No 1545-0184

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury Internal Revenue Service (99)

Form **4797**

► Attach to your tax return.

► See separate instructions.

Attachment Sequence No 27

	ne(s) shown on return nned Parenthood of the	Daalee Man	.mta.ma Tma				Ident if y	ng nui	mber
riar	ined Parenthood of the	: коску моц	intains inc				84-0404	253	
1					for 2008 on Form(s) 10 10, or 20 (see instruction		1		0
Pā					le or Business and				
	From Othe		asualty or	· I neft—Most Prop	erty Held More Th		•	nstruc	tions)
((a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	basıs ımprover	t or other s, plus ments and e of sale		(g) Gain or (loss) otract (f) from the sum of (d) and (e)
2 E	EQUIPMENT	, ,		0	·	'	8,09	0	-8,090
3	Gain, if any, from Fo	rm 4684, lır	ne 45					3	
4	, ,,	•		om Form 6252, line 26	or 37			4	
5				xchanges from Form 88				5	
6	Gain, if any, from lin							6	788,721
7	, ,,	•		•	appropriate line as follo	ows		7	780,631
	Part nerships (excep	t electing la	arge part ners	hips) and S corporation	ns. Report the gain or (lo chedule K, line 9 Skip l	ss) followi			
	from line 7 on line 1 section 1231 losse:	1 below and s, or they we	skıp lines 8 ere recapture	and 9 If line 7 is a gai	line 7 is zero or a loss, e in and you did not have a ter the gain from line 7 a 8, 9, 11, and 12 below	any prior y	ear		
8	Nonrecaptured net s	section 123	1 losses fron	n prior years (see instr	uctions)			8	
9	below Ifline 9 is mo	ore than zer	o, enter the a	mount from line 8 on li	o, enter the gain from lir ne 12 below and enter t (see instructions)	he gaın fro	m line 9	9	
Pa	rt III Ordinary (Gains and	Losses (s	see instructions)					
10	Ordinary gains and	losses not ii	ncluded on lii	nes 11 through 16 (ınc	lude property held 1 yea	ar or less)			
11	Loss, if any, from lin	e 7						11	()
12	Gain, if any, from lin	e 7, or amou	unt from line	8, ıf applıcable				12	
13	Gain, if any, from lin	e 31						13	
14	Net gain or (loss) fro	om Form 46	84, lines 37	and 44a				14	
15	Ordinary gain from i	nstallment s	sales from Fo	orm 6252, line 25 or 36	5			15	
16	Ordinary gain or (los	ss) from like	-kınd exchar	nges from Form 8824				16	
17	Combine lines 10 th	rough 16						17	
18				mount from line 17 on tomplete lines a and b b	the appropriate line of your li	our return a	and skip		
а	Enter the part of the	loss from ir	ncome-produ	cing property on Sched	ımn (b)(II), enter that pa dule A (Form 1040), line .040), line 23 Identify a	28, and tl	ne part of		
	4797, line 18a "Se			·····	• • • • • •			18a	
b					on line 18a Enter here			18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

•	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty							(b) Date acquired(mo , day, yr)	(c) Date sole (mo , day, yr)
A	MO HEALTH CENTER								09-30-1998	10-01-2008
В										
<u>-</u>										
_										
	These columns relate to the properties on lines 19A through 19D	>	Property A	Р	ropert	у В	Prop	erty C	Pro	perty D
0	Gross sales price (Note: See line 1 before completing)	20	1,393,086							
L	Cost or other basis plus expense of sale	21	604,365							
2	Depreciation (or depletion) allowed or allowable	22	504.255							
3	Adjusted basis Subtract line 22 from line 21 .	23	604,365							
ı	Total gain Subtract line 23 from line 20	24	788,721							
5	If section 1245 property:									
a	Depreciation allowed or allowable from line 22	25a								
)	Enter the smaller of line 24 or 25a	25b								
,	If section 1250 property: If straight line									
	depreciation was used, enter -0- on line 26g,									
	except for a corporation subject to section 291									
3	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
c	Subtract line 26a from line 24 If residential	200								
•	rental property or line 24 is not more than line									
	26a, skip lines 26d and 26e	26c								
t	Additional depreciation after 1969 and before 1976	26d								
2	Enter the smaller of line 26c or 26d	26e								
•	Sections 291 amount (corporations only)	26f								
j	Add lines 26b, 26e, and 26f	26g								
7	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
b	Line 27a multiplied by applicable percentage (see									
	instructions)	27b								
С	Enter the smaller of line 24 or 27b	27c								
3	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a								
b	Enter the smaller of line 24 or 28a	28b								
•	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29b								
Su	ımmary of Part III Gains. Complete prope	erty co	lumns A through	D th	rougl	line 29	b befor	e goi	ng to line :	30.
)	Total gains for all properties Add property column	s A thr	ough D, line 24 .					30		788,72
	Add property columns A through D, lines 25b, 26g	ı, 27c,	28b, and 29b Ente	r here	and o	n line 13	3.	31		
!	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4		•	m 468 •	84, line	e 39 En	ter the •	32		788,72
a r	Recapture Amounts Under Section (see instructions)	ns 17	9 and 280F(b)((2) V	Vhen	Busine	ss Use	Dro	ps to 50%	or Les
						(a) Se 17	ection 79		(b) Sect 280F(b)	
3	Section 179 expense deduction or depreciation a	llowabl	e in prior years .	. [33					
Ļ	Recomputed depreciation (see instructions) .			. [34					
5	Recapture amount Subtract line 34 from line 33 See the ins	tructions	for where to report		35					

Software ID: Software Version:

EIN: 84-0404253

Name: Planned Parenthood of the Rocky Mountains Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Add												
		Posit t	(C tion (hat a	chec		I			(5)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
CHARLES VON THUN , TRUSTEE	1 0	Х						0	0	0		
SHARON SCOTT , TRUSTEE	1 0	Х						0	0	0		
BUZZ VICTOR , TRUSTEE	1 0	Х						0	0	0		
RAYDEAN ACEVEDO , TRUSTEE	1 0	Х						0	0	0		
CHERYL COHEN VADER , TRUSTEE	1 0	Х						0	0	0		
PHIL FREEDMAN , TRUSTEE	1 0	Х						0	0	0		
CATHY GALE , TRUSTEE	1 0	Х						0	0	0		
CHRISTINE G GOULD , TRUSTEE	1 0	Х						0	0	0		
LINDA GEIS , TRUSTEE	1 0	Х						0	0	0		
MARY KOBEY, TRUSTEE	1 0	Х						0	0	0		
CATE MEYER , TRUSTEE	1 0	Х						0	0	0		
SANDY NEWMAN , TRUSTEE	1 0	Х						0	0	0		
KEVIN O'CONNOR, TRUSTEE	1 0	Х						0	0	0		
KATHERINE PEASE , TRUSTEE	1 0	Х						0	0	0		
GERD PETERS , TRUSTEE	1 0	Х						0	0	0		
JIM PRIBYL , TRUSTEE	1 0	Χ						0	0	0		
MORRIS PRICE , TRUSTEE	1 0	Χ						0	0	0		
LEW SAPIRO , TRUSTEE	1 0	Х						0	0	0		
KATHY SEIDEL , TRUSTEE	1 0	Х						0	0	0		
CHRISTINE SOTO , TRUSTEE	1 0	Х						0	0	0		
ANN SWANSON , TRUSTEE	1 0	Х						0	0	0		
CARYN TYRE , TRUSTEE	1 0	Χ						0	0	0		
ROBERT TYRE , TRUSTEE	1 0	Х						0	0	0		
VICKIE WILSON , TRUSTEE	1 0	Х						0	0	0		
BILL YEATES , TRUSTEE	1 0	Х						0	0	0		
MARY BETH SEARLES , TRUSTEE	1 0	Х						0	0	0		
PATTY JARZOBSKI , TRUSTEE	1 0	Х						0	0	0		
ADRIENNE MANSANARES , TRUSTEE	1 0	Х						0	0	0		
LINDA PETRIE BUNCH , TRUSTEE	1 0	Х						0	0	0		
ALMA LANTZ , TRUSTEE	1 0	Х						0	0	0		

Form 990, Part VII - Section Aaa

Torin 330/ Fart VII Scotlon Add									
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on a Institutional Trustee	chec	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Vicki Cowart , PRESIDENT/CEO	38 0			Х			248,229	0	15,848
JOHN DUFFY , CFO/VP OF FINANCE	38 0			Х			128,752	0	8,854
GAIL KELLEY , COO/SENIOR VP	38 0			Х			138,401	0	5,123
LINNEA BROWN , SECRETARY	1 0			Х			0	0	0
JULI LAPIN , CHAIR OF THE BOARD	1 0			Х			0	0	0
DR ANDREW ROSS , VICE CHAIR	1 0			Х			0	0	0
JASON COOPER, TREASURER	1 0			Х			0	0	0
LESLIE STRATTON , CHAIR/CULTIVATION COMMITTEE	1 0			х			0	0	0
Leslie Durgin , SR VP of Community Development	38 0			х			121,229	0	4,533
Jodell Allen , Physician	38 0				Х		171,853	0	9,965
Savita Ginde , Medical Director	20 0				Х		253,503	0	12,748