

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.

OMB No 1545-0047

2006Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**PLANNED PARENTHOOD OF ALABAMA, INC**

Number and street (or P.O. box if mail is not delivered to street address)

1211 27TH PLACE SOUTH

City or town, state or country, and ZIP + 4

BIRMINGHAM, AL 35205-1806

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

D Employer identification number**63-0341404****E** Telephone number**(205) 322-2121****F** Accounting method☐ Cash ☒ Accrual
☐ Other (specify) ▶**G** Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,619,859.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds		1a	
	b	Direct public support (not included on line 1a)		1b	200,101.
	c	Indirect public support (not included on line 1a)		1c	84,020.
	d	Government contributions (grants) (not included on line 1a)		1d	
	e	Total (add lines 1a through 1d) (cash \$ 284,121. noncash \$)		1e	284,121.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	1,266,501.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	52,254.
	5	Dividends and interest from securities		5	
Expenses	6a	Gross rents		6a	
	b	Less: rental expenses		6b	
	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	
	7	Other investment income (describe)		7	
	8a	Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
	b	Less: cost or other basis and sales expenses		8a	
	c	Gain or (loss) (attach schedule)		8b	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8c	
	8d			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
Net Assets	a	Gross revenue (not including \$ of contributions reported on line 1b)		9a	
	b	Less: direct expenses other than fundraising expenses		9b	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
	10a	Gross sales of inventory, less returns and allowances		10a	
	b	Less: cost of goods sold		10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c	
	11	Other revenue (from Part VII, line 103)		11	16,983.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	1,619,859.
	13	Program services (from line 44, column (B))		13	1,786,126.
	14	Management and general (from line 44, column (C))		14	168,903.
15	Fundraising (from line 44, column (D))		15	69,738.	
16	Payments to affiliates (attach schedule)		16	17,541.	
17	Total expenses. Add lines 13 and 14, column (A)		17	2,042,308.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	<422,449.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	1,538,057.	
20	Other changes in net assets or fund balances (attach explanation)		20	0.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	1,115,608.	

5233001
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

SCANNED SEP 24 2007

SEE STATEMENT 1

9/18/07

10

Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3	25a	90,911.	45,455.	45,456.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	833,406.	747,411.	33,531.	52,464.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	83,303.	70,309.	8,531.	4,463.
29 Payroll taxes	29	71,452.	59,855.	7,584.	4,013.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	94,445.	94,445.		
34 Telephone	34	35,547.	30,489.	5,058.	
35 Postage and shipping	35	8,583.	4,339.	2,706.	1,538.
36 Occupancy	36	32,825.	32,825.		
37 Equipment rental and maintenance	37	21,111.	18,348.	2,763.	
38 Printing and publications	38	8,086.	5,937.	902.	1,247.
39 Travel	39	63,762.	51,088.	12,586.	88.
40 Conferences, conventions, and meetings	40	4,905.	890.	99.	3,916.
41 Interest	41	18,993.	18,993.		
42 Depreciation, depletion, etc (attach schedule)	42	86,302.	80,397.	4,142.	1,763.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 2	43g	571,136.	525,345.	45,545.	246.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,024,767.	1,786,126.	168,903.	69,738.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a PATIENT SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **1,639,924.**

b EDUCATION

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **65,868.**

c PUBLIC AFFAIRS

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐ **80,334.**

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► **1,786,126.**

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	643,762.	46	127,189.
	47 a Accounts receivable	47a 10,858.		
	b Less: allowance for doubtful accounts	47b	47c	10,858.
	48 a Pledges receivable	48a 40,000.		
	b Less: allowance for doubtful accounts	48b	48c	40,000.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	72,129.	52	145,956.
	53 Prepaid expenses and deferred charges	6,799.	53	1,857.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other	SEE STATEMENT 5	56	401,426.
57 a Land, buildings, and equipment: basis	57a 1,678,598.			
b Less: accumulated depreciation	57b 960,287.	57c	718,311.	
58 Other assets, including program-related investments (describe ► DEPOSITS)	900.	58	2,250.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,867,665.	59	1,447,847.	
Liabilities	60 Accounts payable and accrued expenses	17,509.	60	21,081.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	308,049.	64b	297,698.
	65 Other liabilities (describe ► ACCRUED PAYROLL TAXES)	4,050.	65	13,460.
	66 Total liabilities. Add lines 60 through 65	329,608.	66	332,239.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	683,389.	67	682,240.
	68 Temporarily restricted	854,668.	68	433,368.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	1,538,057.	73	1,115,608.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,867,665.	74	1,447,847.

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

a	Total revenue, gains, and other support per audited financial statements		a	1,619,859.
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	1,619,859.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	1,619,859.

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

a	Total expenses and losses per audited financial statements		a	2,042,308.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,042,308.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	2,042,308.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JEANNE ALEXANDER 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205	CHAIR	1.00	0.	0.
LUCY ANNANG 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205	VICE CHAIR	1.00	0.	0.
MISSY MARKLAND 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205	SECRETARY	1.00	0.	0.
LYDIA CHENEY 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205	TREASURER	1.00	0.	0.
LARRY RODICK 1211 27TH PLACE SOUTH BIRMINGHAM, AL 35205	PRESIDENT/CEO	40.00	90,911.	1,818.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90 a	List the states with which a copy of this return is filed		
	NONE		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	36
91 a	The books are in care of		
	CHRISTIENE PARKER Telephone no.		(205) 322-2121
	Located at		1211 27TH PLACE SOUTH, BIRMINGHAM, AL ZIP + 4
			35205-1806
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
		91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a PATIENT FEES					837,221.
b SALE OF CONTRACEPTIVES					293,879.
c REIMBURSEMENTS					89,763.
d LABORATORY FEES					45,638.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	52,254.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a REBATES					10,371.
b MISCELLANEOUS INCOME					6,612.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		52,254.	1,283,484.
105 Total (add line 104, columns (B), (D), and (E))					1,335,738.

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93 PROVIDE REPRODUCTIVE HEALTH AND SEXUALITY EDUCATION, SERVICES AND

103 RESEARCH

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please
Sign
Here

Signature of officer: *Larry S. Rodick*
Type or print name and title: **Larry S. Rodick, M.D., President/CEO**

Date: **August 28, 2007**

Paid
Preparer's
Use Only

Preparer's signature: *Jeff Thornton*

Date: **8-28-07**

Check if self-employed: ☐

Preparer's SSN or PTIN (See Gen. Inst. X): **420-90-3764**

Firm's name (or yours if self-employed), address, and ZIP + 4: **PEARCE, BEVILL, LEESBURG, MOORE, P.C.
110 OFFICE PARK DR., SUITE 100
BIRMINGHAM, AL 35223**

EIN: **630813240**

Phone no.: **205-323-5440**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2006

Name of the organization

PLANNED PARENTHOOD OF ALABAMA, INC

Employer identification number

63 0341404

Part I

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

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>LARRY RODICK</u> <u>1211 27TH PLACE SOUTH, BIRMINGHAM, AL</u>	<u>PRESIDENT/CEO</u> <u>40.00</u>	<u>90,911.</u>	<u>1,818.</u>	
<u>NICHOLAS CATALDO</u> <u>1211 27TH PLACE SOUTH, BIRMINGHAM, AL</u>	<u>MEDICAL DIRECTOR</u> <u>32.00</u>	<u>107,098.</u>	<u>2,142.</u>	
<u>HARRY CRUMPLER</u> <u>1211 27TH PLACE SOUTH, BIRMINGHAM, AL</u>	<u>VP/CFO</u> <u>40.00</u>	<u>55,523.</u>	<u>1,110.</u>	
Total number of other employees paid over \$50,000 ►		<u>0</u>		

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

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

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

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ 392. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

VI-B, LINE I

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year

► 0

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► 0.

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 0.

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► 0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
PLANNED PARENTHOOD OF ALABAMA		11A		X	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,142,117.	279,898.	383,083.	495,342.	2,300,440.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,256,577.	1,169,313.	1,055,294.	908,824.	4,390,008.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,509.	3,211.	12,463.	12,180.	48,363.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	14,662.	27,168.	10,731.	10,027.	62,588.
23 Total of lines 15 through 22	2,433,865.	1,479,590.	1,461,571.	1,426,373.	6,801,399.
24 Line 23 minus line 17	1,177,288.	310,277.	406,277.	517,549.	2,411,391.
25 Enter 1% of line 23	24,339.	14,796.	14,616.	14,264.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 48,228.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,411,391.
d Add: Amounts from column (e) for lines: 18 <u>48,363.</u> 19 _____					26d 110,951.
22 <u>62,588.</u> 26b _____					26e 2,300,440.
e Public support (line 26c minus line 26d total)					26f 95.3989%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group. Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations												
	N/A													
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount		231,721.	229,772.	219,434.	680,927.
46 Lobbying ceiling amount (150% of line 45(e))					1,021,391.
47 Total lobbying expenditures			0.	451.	451.
48 Grassroots nontaxable amount		57,930.	57,443.	54,859.	170,232.
49 Grassroots ceiling amount (150% of line 48(e))					255,348.
50 Grassroots lobbying expenditures			0.	355.	355.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

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

Yes	No	Amount
	X	
	X	
	X	
X		47.
	X	
	X	
X		345.
	X	
		392.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	1
----------	------------------------	-----------	---

AFFILIATE'S NAME

AFFILIATE'S ADDRESS

PAYMENTS TO NATIONAL ORGANIZATION

PURPOSE OF PAYMENT

AMOUNT

17,541.

TOTAL TO FORM 990, PART I, LINE 16

17,541.

FORM 990	OTHER EXPENSES	STATEMENT	2
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PHYSICIANS FEES	14,910.	14,910.		
LABORATORY FEES	36,493.	36,493.		
OTHER PROFESSIONAL FEES	41,362.	19,962.	21,400.	
CONTRACEPTIVES	80,828.	80,828.		
OFFICE SUPPLIES	41,222.	37,903.	3,073.	246.
TAXES AND LICENSES	3,038.	2,906.	132.	
UTILITIES	28,362.	23,178.	5,184.	
INSURANCE	15,452.	13,037.	2,415.	
MALPRACTICE INSURANCE	43,003.	43,003.		
BUILDING REPAIRS & MAINTENANCE	42,177.	37,997.	4,180.	
ADVERTISING	130,367.	130,367.		
DUES AND SUBSCRIPTIONS	7,394.	7,105.	289.	
BANK CHARGES	17,502.	8,630.	8,872.	
MISCELLANEOUS	18,617.	18,617.		
BAD DEBT	48,226.	48,226.		
EDUCATIONAL SUPPLIES	2,183.	2,183.		
 TOTAL TO FM 990, LN 43	 571,136.	 525,345.	 45,545.	 246.

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25A	STATEMENT	3
----------	--	-----------	---

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LARRY RODICK	90,911.	1,818.		92,729.
A. PROGRAM SERVICES	45,456.	909.		46,365.
B. MANAGEMENT AND GENERAL	45,455.	909.		46,364.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				46,365.
TOTAL MANAGEMENT AND GENERAL				46,364.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				92,729.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	4
----------	--	-----------	---

EXPLANATION

PLANNED PARENTHOOD OF ALABAMA IS A PATIENT SERVICE ORGANIZATION THAT
FOCUSES ON FAMILY PLANNING AND HEALTH.

FORM 990	OTHER INVESTMENTS	STATEMENT	5
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS IN ENDOWMENT FUND	MARKET VALUE	401,426.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		401,426.

SCHEDULE A	OTHER INCOME			STATEMENT	6
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
OTHER REVENUE	14,662.	27,168.	10,731.	10,027.	
TOTAL TO SCHEDULE A, LINE 22	14,662.	27,168.	10,731.	10,027.	

ASSET DEPRECIATION SHORT REPORT
PLANNED PARENTHOOD OF ALABAMA, INC. Dec. 31, 2006

Sorted ASSET A/C#
 Method 1-FEDERAL-Std Conv Applied

Range 160 - 186
 Include All assets

PBC
 12/31/06
 JT

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C# 160 - LEASEHOLD IMPROVMENTS								
04/26/85	Leasehold Improvements	SLP/ 5 00	4,605 20	0 00	4,605 20	4,605 20	0 00	4,605 20
06/30/92	Leasehold Improvements	SLP/ 5 00	1,333 18	0 00	1,333 18	1,333 18	0 00	1,333 18
06/29/95	Leasehold Improvements	SLP/10 00	787 68	0 00	787 68	787 68	0 00	787 68
08/03/95	Leasehold Improvements	SLP/10 00	4,017 54	0 00	4,017 54	4,017 54	0 00	4,017 54
Grand totals 160 - LEASEHOLD IMPROVMENTS (4 assets)			F.S 10,743 60	0 00	10,743 60	10,743 60	0 00	10,743 60
ASSET A/C# 161 - MOBILE EQUIPMENT								
01/19/97	Medical Equipment	M*200/ 7 00	200 00	0 00	200 00	200 00	0 00	200 00
01/23/97	Ultra Sound	M*200/ 7 00	1,890 00	0 00	1,890 00	1,890 00	0 00	1,890 00
02/26/97	Medical Equipment	M*200/ 7 00	1,865 35	0 00	1,865 35	1,865 35	0 00	1,865 35
02/26/97	SDI Uita Sound	M*200/ 7 00	17,145 66	0 00	17,145 66	17,145 66	0 00	17,145 66
03/03/97	Sams	M*200/ 7 00	76 16	0 00	76 16	76 16	0 00	76 16
03/03/97	Circuit City	M*200/ 7 00	1,131 30	0 00	1,131 30	1,131 30	0 00	1,131 30
03/03/97	Lazy Boy Furniture	M*200/ 7 00	1,257 00	0 00	1,257 00	1,257 00	0 00	1,257 00
03/03/97	Wal-Mart	M*200/ 7 00	296 64	0 00	296 64	296 64	0 00	296 64
03/14/97	Quill Corp	M*200/ 7 00	204 07	0 00	204 07	204 07	0 00	204 07
03/14/97	Recliners	M*200/ 7 00	116 24	0 00	116 24	116 24	0 00	116 24
03/28/97	GE Corp Plus Visa - View Box	M*200/ 7 00	311 04	0 00	311 04	311 04	0 00	311 04
05/08/97	Sams Club	M*200/ 7 00	599 99	0 00	599 99	599 99	0 00	599 99
04/02/98	Office Depot - Fax Machine	SLP/ 7 00	453 85	0 00	453 85	453 85	0 00	453 85
04/30/98	Recovery Room Chairs	SLP/ 7 00	399 95	0 00	399 95	399 95	0 00	399 95
06/03/99	Wal-Mart (TV/VCR) Panisonic PV-M135	SLP/ 7 00	260 75	0 00	260 75	245 23	15 52	260 75
07/01/99	ACME Lock	SLP/10 00	813 21	0 00	813 21	528 58	81 32	609 90
01/21/00	A & B Medical - Pelton Crane Autocl	SLP/ 7 00	1,845 00	0 00	1,845 00	1,581 42	263 58	1,845 00
12/29/00	Lowes - Refngerator for Clinic	SLP/ 7 00	394 00	0 00	394 00	286 14	56 29	342 43
07/25/01	G E 3200 Mark I Ultrasound	SLP/ 7 00	13,900 00	0 00	13,900 00	8,935 70	1,985 71	10,921 41
09/26/02	Generator - Coleman 550 Watt	SLP/ 7 00	543 96	0 00	543 96	259 03	77 71	336 74
12/05/02	Ultrasound Machine	SLP/ 7 00	15,195 00	0 00	15,195 00	6,693 02	2,170 71	8,863 73
01/16/04	Mobile Equipment Purchased With Bui	SL/ 7 00	5,000 00	0 00	5,000 00	1,071 43	714 29	1,785 72
03/03/04	Berkeley Medivices Central Vac	SLP/ 7 00	2,846 00	0 00	2,846 00	745 38	406 57	1,151 95
03/04/04	Wnco Sign - Mobile Center	SLP/ 7 00	520 00	0 00	520 00	136 19	74 29	210 48
03/25/04	Pelton Crane Autoclave	SLP/ 7 00	3,450 00	0 00	3,450 00	903 57	492 86	1,396 43
04/22/04	Lateral File Cabinets (3 from Quill	SLP/ 7 00	1,531 75	0 00	1,531 75	382 94	218 82	601 76
05/06/04	Wnco Sign (for Mobile Building)	SLP/15 00	520 00	0 00	520 00	57 78	34 67	92 45
07/01/04	BERKELEY MEDIVICES CENTRAL VAC	SLP/ 7 00	3,287 28	0 00	3,287 28	704 42	469 61	1,174 03
07/22/04	DYSON PLUMBING (FOR CENTRAL VAC)	SLP/ 7 00	650 00	0 00	650 00	139 29	92 86	232 15
07/29/04	SECURITY CAMERA SYSTEM	SLP/ 7 00	2,768 00	0 00	2,768 00	593 14	395 43	988 57
08/05/04	Installation of Secuntiy Cameras(Cr	SLP/ 7 00	489 60	0 00	489 60	99 08	69 94	169 02
11/30/05	PRINTER (FOR G E ULTRASOUND)	SLP/ 7 00	534 00	0 00	534 00	12 71	76 29	89 00
Grand totals 161 - MOBILE EQUIPMENT (32 assets)			F.S 80,495 80	0 00	80,495 80	49,322 30	7,696 47	57,018 77
ASSET A/C# 162 - HUNTSVILLE EQUIPMENT								
02/19/98	SP&P Plumbing (for Washer & Dryer)	SLP/ 7 00	579 86	0 00	579 86	579 86	0 00	579 86
03/31/98	GE Corp Plus (Washer & Dryer)	SLP/ 7 00	840 98	0 00	840 98	840 98	0 00	840 98
07/15/99	Graybar Electnc (Music on Hold Mac	SLP/ 5 00	398 00	0 00	398 00	398 00	0 00	398 00
10/28/99	Imaging Associates (GE Ultrasound)	SLP/ 7 00	14,000 00	0 00	14,000 00	12,500 00	1,500 00	14,000 00
01/21/00	A & B Medical - Pelton Crane Autocl	SLP/ 7 00	1,845 00	0 00	1,845 00	1,581 42	263 58	1,845 00
06/01/00	Berkeley Vacuum Aspiration Machine	SLP/ 7 00	2,144 50	0 00	2,144 50	1,710 51	306 36	2,016 87
12/29/00	G E Medical Sys - Vacuum Aspiration	SLP/ 7 00	2,255 60	0 00	2,255 60	1,638 00	322 23	1,960 23
01/26/01	Refrigerator	SLP/ 7 00	349 98	0 00	349 98	250 00	50 00	300 00
05/03/01	Berkeley Medvics - Vac Machine (Sa	SLP/ 7 00	2,044 00	0 00	2,044 00	1,362 67	292 00	1,654 67
06/24/01	Berkeley Medvics - Vac Machine	SLP/ 7 00	2,400 60	0 00	2,400 60	1,571 81	342 94	1,914 75
07/12/01	Comsec - Huntsville Telephone Syste	SLP/ 5 00	3,896 00	0 00	3,896 00	3,506 40	389 60	3,896 00
08/09/01	Autoclave - Forestbrook Healthcente	SLP/ 5 00	900 00	0 00	900 00	795 00	105 00	900 00
11/29/01	Recliner for Recovery Room	SLP/ 5 00	300 00	0 00	300 00	250 00	50 00	300 00
12/07/01	Recliner for Recovery Room	SLP/ 5 00	418 27	0 00	418 27	341 57	76 70	418 27
12/07/01	Recliner for Recovery Room	SLP/ 5 00	418 27	0 00	418 27	341 57	76 70	418 27
12/07/01	Recliner for Recovery Room	SLP/ 5 00	418 26	0 00	418 26	341 57	76 69	418 26

Attachment to Form 990

F-1c

ASSET DEPRECIATION SHORT REPORT
PLANNED PARENTHOOD OF ALABAMA, INC. Dec. 31, 2006

Sorted ASSET A/C#
 Method 1-FEDERAL-Std Conv Applied

Range 160 - 186
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 162 - HUNTSVILLE EQUIPMENT								
03/21/02	Berkeley Medivices (Suction Machine	SLP/ 7 00	1,217 80	0 00	1,217 80	666 89	173 97	840 86
08/29/02	Pelton Crane Autoclave	SLP/ 7 00	3,250 00	0 00	3,250 00	1,586 32	464 29	2,050 61
01/01/04	Cannon Copier for Mobile	SLP/ 7 00	778 95	0 00	778 95	222 56	111 28	333 84
11/03/05	COPIER	SLP/ 7 00	1,199 98	0 00	1,199 98	28 57	171 43	200 00
Grand totals	162 - HUNTSVILLE EQUIPMENT (20 assets)		F-5 39,656 05	0 00	39,656 05	30,513 70	4,772 77	35,286 47
ASSET A/C#: 164 - BIRMINGHAM OFFICE								
04/15/95	Birmingham Telephone System	SLP/ 5 00	16,220 52	0 00	16,220 52	16,220 52	0 00	16,220 52
Grand totals	164 - BIRMINGHAM OFFICE (1 assets)		F-5 16,220 52	0 00	16,220 52	16,220 52	0 00	16,220 52
ASSET A/C#: 165 - COMPUTER EQUIPMENT								
03/26/96	HP Office Jet Printer/Fax (2)	M*200/ 5 00	641 99	0 00	641 99	641 99	0 00	641 99
06/19/96	Computer - Packard Bell	M*200/ 5 00	1,306 69	0 00	1,306 69	1,306 69	0 00	1,306 69
09/12/96	Computer - Micron	M*200/ 5 00	1,887 84	0 00	1,887 84	1,887 84	0 00	1,887 84
03/06/97	Computers-Acer (3) HP Scanner (1) H	M*200/ 5 00	12,550 00	0 00	12,550 00	12,550 00	0 00	12,550 00
01/28/99	GE Corp Plus (Micron Computer)	SLP/ 5 00	1,809 08	0 00	1,809 08	1,809 08	0 00	1,809 08
02/25/99	Quill Corp (Xerox Copier XC-830)	SLP/ 5 00	511 82	0 00	511 82	511 82	0 00	511 82
03/05/99	Quill Corp (Xerox Copier XC-830)	SLP/ 5 00	508 30	0 00	508 30	508 30	0 00	508 30
03/05/99	Quill Corp (Xerox Copier XC-830)	SLP/ 5 00	510 38	0 00	510 38	510 38	0 00	510 38
03/18/99	Lance Computers (Acer Computer Moni	SLP/ 5 00	365 00	0 00	365 00	365 00	0 00	365 00
11/04/99	GE Corp Plus (Asset Keeper Software	SLP/ 3 00	509 00	0 00	509 00	509 00	0 00	509 00
12/02/99	GE Corp Plus (Backpack Portable CD	SLP/ 5 00	319 00	0 00	319 00	319 00	0 00	319 00
12/09/99	Office Depo (HP 920 Fax)	SLP/ 5 00	249 99	0 00	249 99	249 99	0 00	249 99
12/15/99	HP 720C PRINTER	SLP/ 5 00	169 88	0 00	169 88	169 88	0 00	169 88
12/15/99	HP 720C PRINTER	SLP/ 5 00	169 88	0 00	169 88	169 88	0 00	169 88
12/15/99	Network cables and hardware	SLP/ 5 00	350 92	0 00	350 92	350 92	0 00	350 92
01/27/00	Dell Computer L500C Computer	SLP/ 5 00	1,570 00	0 00	1,570 00	1,570 00	0 00	1,570 00
01/27/00	Dell P991 19" Monitor	SLP/ 5 00	559 00	0 00	559 00	559 00	0 00	559 00
01/27/00	Dell Computer-INSPIRON 7500 Laptop	SLP/ 5 00	2,640 00	0 00	2,640 00	2,640 00	0 00	2,640 00
02/03/00	HP LaserJet 2100	SLP/ 5 00	699 99	0 00	699 99	699 99	0 00	699 99
02/03/00	HP LaserJet 2100	SLP/ 5 00	699 99	0 00	699 99	699 99	0 00	699 99
02/03/00	HP LaserJet 2100	SLP/ 5 00	699 99	0 00	699 99	699 99	0 00	699 99
02/03/00	HP DeskJet 720	SLP/ 5 00	148 83	0 00	148 83	148 83	0 00	148 83
02/03/00	HP DeskJet 720	SLP/ 5 00	148 83	0 00	148 83	148 83	0 00	148 83
02/03/00	HP DeskJet 720	SLP/ 5 00	148 83	0 00	148 83	148 83	0 00	148 83
02/03/00	HP DeskJet 720	SLP/ 5 00	148 83	0 00	148 83	148 83	0 00	148 83
02/03/00	HP DeskJet 720	SLP/ 5 00	148 82	0 00	148 82	148 82	0 00	148 82
02/03/00	HP DeskJet 720	SLP/ 5 00	148 82	0 00	148 82	148 82	0 00	148 82
02/03/00	HP LaserJet 2100	SLP/ 5 00	699 99	0 00	699 99	699 99	0 00	699 99
02/04/00	Microsoft Exchange Software	SLP/ 3 00	1,106 23	0 00	1,106 23	1,106 23	0 00	1,106 23
02/04/00	Adobe Pagemaker V6 5	SLP/ 3 00	553 40	0 00	553 40	553 40	0 00	553 40
02/04/00	Adobe Illustrator V8 0	SLP/ 3 00	398 23	0 00	398 23	398 23	0 00	398 23
02/04/00	PCAnywhere V9 0	SLP/ 3 00	102 36	0 00	102 36	102 36	0 00	102 36
02/04/00	Microsoft Visual Foxpro	SLP/ 3 00	519 26	0 00	519 26	519 26	0 00	519 26
02/04/00	Dell E550 15" Monitor	SLP/ 5 00	174 83	0 00	174 83	174 83	0 00	174 83
02/04/00	Dell E550 15" Monitor	SLP/ 5 00	174 83	0 00	174 83	174 83	0 00	174 83
02/04/00	Sony Digital Camera MVC-FD91	SLP/ 5 00	929 96	0 00	929 96	929 96	0 00	929 96
02/21/00	Microsoft NT Server (10 Client)	SLP/ 3 00	1,000 85	0 00	1,000 85	1,000 85	0 00	1,000 85
03/02/00	Dell Dimensions 500 MGH Celeron PC	SLP/ 5 00	1,008 00	0 00	1,008 00	1,008 00	0 00	1,008 00
03/02/00	Dell Dimensions 500 MGH Celeron PC	SLP/ 5 00	1,008 00	0 00	1,008 00	1,008 00	0 00	1,008 00
03/02/00	Dell Dimensions 500 MGH Celeron PC	SLP/ 5 00	1,008 00	0 00	1,008 00	1,008 00	0 00	1,008 00
03/02/00	Dell M780 17" Computer Monitor	SLP/ 5 00	326 00	0 00	326 00	326 00	0 00	326 00
03/02/00	Dell M780 17" Computer Monitor	SLP/ 5 00	326 00	0 00	326 00	326 00	0 00	326 00
03/02/00	Dell M780 17" Computer Monitor	SLP/ 5 00	326 00	0 00	326 00	326 00	0 00	326 00
03/09/00	HP LaserJet 1100 Printer	SLF/ 5 00	299 99	0 00	299 99	299 99	0 00	299 99
03/09/00	Computer Network Hubs and Cables	SLP/ 5 00	778 82	0 00	778 82	778 82	0 00	778 82
01/15/01	Dell Dimensions 700 Mgh Computer -	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00
01/15/01	Dell Dimensions 700 Mgh Computer -	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00

Attachment to Form 990

ASSET DEPRECIATION SHORT REPORT
PLANNED PARENTHOOD OF ALABAMA, INC. Dec. 31, 2006

Sorted ASSET A/C#
 Method 1-FEDERAL-Std Conv Applied

Range 160 - 186
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 165 - COMPUTER EQUIPMENT								
01/15/01	Dell Dimensions 700 Mgh Computer -	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00
01/15/01	Dell Dimensions 700 Mgh Computer -	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00
01/15/01	Dell Dimensions 700 Mgh Computer -	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00
01/15/01	Dell Dimensions 700 Mgh Computer -	SLP/ 5 00	649 00	0 00	649 00	649 00	0 00	649 00
01/15/01	Dell 15 Inch Monitor - FOLL	SLP/ 5 00	150 00	0 00	150 00	150 00	0 00	150 00
01/15/01	Dell 15 Inch Monitor - FOLL	SLP/ 5 00	150 00	0 00	150 00	150 00	0 00	150 00
01/15/01	Dell 15 Inch Monitor - FOLL	SLP/ 5 00	150 00	0 00	150 00	150 00	0 00	150 00
01/15/01	Dell 15 Inch Monitor - FOLL	SLP/ 5 00	150 00	0 00	150 00	150 00	0 00	150 00
01/15/01	Dell 15 Inch Monitor - FOLL	SLP/ 5 00	150 00	0 00	150 00	150 00	0 00	150 00
01/15/01	Dell 15 Inch Monitor - FOLL	SLP/ 5 00	150 00	0 00	150 00	150 00	0 00	150 00
01/15/01	Dell 17 Inch Monitor - FOLL	SLP/ 5 00	200 00	0 00	200 00	200 00	0 00	200 00
01/15/01	Dell 1 3 Ghz Computer	SLP/ 5 00	2,073 00	0 00	2,073 00	2,073 00	0 00	2,073 00
02/08/01	Office Depo - HP LaserJet 2100 Pn	SLP/ 5 00	699 99	0 00	699 99	688 33	11 66	699 99
02/15/01	Design Display - Quizz Show	SLP/ 5 00	2,530 00	0 00	2,530 00	2,487 83	42 17	2,530 00
09/27/01	G E Corp Plus (Modems for Facts of	SLP/ 7 00	1,108 15	0 00	1,108 15	686 01	158 31	844 32
02/28/02	G E Corp Plus (Dialogic Computer Ca	SLP/ 7 00	372 76	0 00	372 76	208 56	53 25	261 81
09/05/02	Dell Computer (Precision 340)	SLP/ 5 00	786 24	0 00	786 24	524 17	157 25	681 42
09/26/02	Dell Computer (Dimensions 4400)	SLP/ 5 00	578 61	0 00	578 61	385 73	115 72	501 45
09/26/02	Dell Computer (Dimensions 4400)	SLP/ 5 00	578 61	0 00	578 61	385 73	115 72	501 45
10/15/02	Dell Computer (Dimensions)	SLP/ 5 00	1,697 23	0 00	1,697 23	1,103 21	339 45	1,442 66
10/15/02	Credit Card Machine	SLP/ 5 00	750 00	0 00	750 00	487 50	150 00	637 50
11/08/02	Network Router and Hubs (Office Dep	SLP/ 5 00	415 88	0 00	415 88	263 40	83 18	346 58
12/05/02	Ultrasound Machine	SLP/ 7 00	15,195 00	0 00	15,195 00	6,693 02	2,170 71	8,863 73
02/01/03	Dell Computers And Monitors (3)	SLP/ 5 00	4,377 00	0 00	4,377 00	2,553 25	875 40	3,428 65
10/09/03	Cannon Copier	SLP/ 5 00	699 99	0 00	699 99	315 00	140 00	455 00
11/26/03	A-1 Office Furniture (files & desk)	SLP/ 5 00	944 00	0 00	944 00	409 07	188 80	597 87
03/25/04	Pelton Crane Autoclave	SLP/ 7 00	3,060 00	0 00	3,060 00	801 43	437 14	1,238 57
05/31/04	Eclipse Credit Card Telecheck Machi	SLP/ 7 00	706 00	0 00	706 00	168 10	100 86	268 96
07/22/04	DELL COMPUTERS (SWITCH)	SLP/ 7 00	258 00	0 00	258 00	55 29	36 86	92 15
08/19/04	Dell Computer Server	SLP/ 7 00	3,223 57	0 00	3,223 57	652 39	460 51	1,112 90
06/30/05	DELL COMPUTERS	SLP/ 7 00	2,264 33	0 00	2,264 33	188 69	323 48	512 17
06/30/05	DELL COMPUTERS	SLP/ 7 00	2,264 33	0 00	2,264 33	188 69	323 48	512 17
06/30/05	DELL COMPUTERS	SLP/ 7 00	2,264 34	0 00	2,264 34	188 70	323 48	512 18
10/27/05	DELL LAPTOP	SLP/ 7 00	1,536 00	0 00	1,536 00	54 86	219 43	274 29
01/19/06 A	Quill Copier - Hattiesburg	SLP/ 5 00	1,979 92	0 00	1,979 92	0 00	395 98	395 98
01/26/06 A	Dell Computers (Productivity Card)	SLP/ 5 00	7,360 00	0 00	7,360 00	0 00	1,472 00	1,472 00
06/15/06 A	Berkeley Medivices	SLP/ 7 00	3,491 52	0 00	3,491 52	0 00	290 96	290 96
08/18/06 A	Dell Computers (Productivity Card)	SLP/ 5 00	1,984 68	0 00	1,984 68	0 00	165 39	165 39
10/30/06 A	Productivity Card - Office Equip	SLP/ 5 00	1,998 96	0 00	1,998 96	0 00	99 95	99 95
Grand totals 165 - COMPUTER EQUIPMENT (86 assets)			110,554 56	0 00	110,554 56	66,918 41	9,251 14	76,169 55
ASSET A/C#: 167 - FURNITURE, FIX & EQUIP								
07/01/83	Centrifuge	SLP/ 5 00	490 00	0 00	490 00	490 00	0 00	490 00
08/01/84	Hematology Printer	SLP/ 5 00	208 83	0 00	208 83	208 83	0 00	208 83
05/01/85	Office Furniture-Mobile Center	SLP/ 5 00	2,505 94	0 00	2,505 94	2,505 94	0 00	2,505 94
05/09/85	Centrifuge-Mobile Center	SLP/ 5 00	503 70	0 00	503 70	503 70	0 00	503 70
07/01/85	Prints-Mobile Center	SLP/ 5 00	577 33	0 00	577 33	577 33	0 00	577 33
08/21/85	Recliner	SLP/ 5 00	516 81	0 00	516 81	516 81	0 00	516 81
01/02/86	Synevac System 10 Suction Machine	SLP/ 5 00	1,667 89	0 00	1,667 89	1,667 89	0 00	1,667 89
02/01/86	Television (recovery room)	SLP/ 5 00	295 95	0 00	295 95	295 95	0 00	295 95
03/10/86	Postage Machine	SLP/ 5 00	595 00	0 00	595 00	595 00	0 00	595 00
05/01/86	Monroe Calculator	SLP/ 5 00	233 10	0 00	233 10	233 10	0 00	233 10
07/23/86	Centrifuge-Mobile Center	SLP/ 5 00	210 00	0 00	210 00	210 00	0 00	210 00
10/10/86	Centel Phone System-Birmingham Cent	SLP/ 5 00	7,105 50	0 00	7,105 50	7,105 50	0 00	7,105 50
10/10/86	ADT Alarm System-Birmingham Center	SLP/ 5 00	3,235 00	0 00	3,235 00	3,235 00	0 00	3,235 00
12/10/86	Recliners (2)	SLP/ 5 00	379 00	0 00	379 00	379 00	0 00	379 00
01/02/87	Telephone Equipment	SLP/ 5 00	424 80	0 00	424 80	424 80	0 00	424 80

①
 1,979 92 ✓
 7,360 00 ✓
 3,491 52
 1,984 68
 1,998 96

F.S 110,554 56 *
 2015 = 16,815.08 F.S

A Attachment to Form 990

ASSET DEPRECIATION SHORT REPORT

PLANNED PARENTHOOD OF ALABAMA, INC. Dec. 31, 2006

Sorted ASSET A/C#

Method 1-FEDERAL-Std Conv Applied

Range 160 - 186

Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 167 - FURNITURE, FIX & EQUIP								
01/08/87	Reflector	SLP/ 5 00	1,326 75	0 00	1,326 75	1,326 75	0 00	1,326 75
01/08/87	Electronic Thermometer	SLP/ 5 00	264 55	0 00	264 55	264 55	0 00	264 55
03/05/87	VCR	SLP/ 5 00	299 57	0 00	299 57	299 57	0 00	299 57
03/05/87	Refrnerator	SLP/ 5 00	120 87	0 00	120 87	120 87	0 00	120 87
04/01/87	Communicator Equipment-Mobile	SLP/ 5 00	5,910 64	0 00	5,910 64	5,910 64	0 00	5,910 64
04/10/87	Black Vinyl Chairs	SLP/ 5 00	511 00	0 00	511 00	511 00	0 00	511 00
05/06/87	Television	SLP/ 5 00	310 29	0 00	310 29	310 29	0 00	310 29
05/07/87	Pratt Dilators	SLP/ 5 00	1,068 92	0 00	1,068 92	1,068 92	0 00	1,068 92
06/08/87	A/C Time Clock	SLP/ 5 00	350 00	0 00	350 00	350 00	0 00	350 00
06/10/87	File Cabinet	SLP/ 5 00	112 00	0 00	112 00	112 00	0 00	112 00
06/19/87	Chairs	SLP/ 5 00	1,069 00	0 00	1,069 00	1,069 00	0 00	1,069 00
07/06/87	Chairs	SLP/ 5 00	192 00	0 00	192 00	192 00	0 00	192 00
08/21/87	File Cabinets (2)	SLP/ 5 00	165 00	0 00	165 00	165 00	0 00	165 00
08/25/87	Chair	SLP/ 5 00	33 00	0 00	33 00	33 00	0 00	33 00
08/25/87	File Cabinet	SLP/ 5 00	112 00	0 00	112 00	112 00	0 00	112 00
12/31/87	Nikon Scope	SLP/ 5 00	884 00	0 00	884 00	884 00	0 00	884 00
03/08/88	Stool	SLP/ 5 00	88 12	0 00	88 12	88 12	0 00	88 12
03/18/88	File Cabinet	SLP/ 5 00	102 13	0 00	102 13	102 13	0 00	102 13
04/07/88	Scale	SLP/ 5 00	165 06	0 00	165 06	165 06	0 00	165 06
05/10/88	Display Case	SLP/ 5 00	825 51	0 00	825 51	825 51	0 00	825 51
08/29/88	Computer Equipment	SLP/ 5 00	5,833 40	0 00	5,833 40	5,833 40	0 00	5,833 40
11/01/88	VCR	SLP/ 5 00	221 54	0 00	221 54	221 54	0 00	221 54
11/01/88	Television	SLP/ 5 00	168 79	0 00	168 79	168 79	0 00	168 79
01/17/94	GE Ultrasound Machine	SLP/ 7 00	24,512 00	0 00	24,512 00	24,512 00	0 00	24,512 00
02/03/94	Hemoglobin Photometer	SLP/ 7 00	600 00	0 00	600 00	600 00	0 00	600 00
03/25/94	CCTV Observatory System	SLP/ 7 00	6,156 48	0 00	6,156 48	6,156 48	0 00	6,156 48
03/30/94	Armor Vests (2)	SLP/ 7 00	1,066 00	0 00	1,066 00	1,066 00	0 00	1,066 00
04/29/94	Sharp Copier	SLP/ 7 00	619 63	0 00	619 63	619 63	0 00	619 63
09/16/94	Water Coolers (2)	SLP/ 7 00	500 00	0 00	500 00	500 00	0 00	500 00
05/24/95	Microscope	SLP/ 7 00	852 01	0 00	852 01	852 01	0 00	852 01
09/22/95	Cryp Unit	SLP/ 7 00	1,358 55	0 00	1,358 55	1,358 55	0 00	1,358 55
10/16/98	Alscan, Inc (Birmingham Security C	SLP/ 7 00	5,085 08	0 00	5,085 08	5,085 08	0 00	5,085 08
07/26/99	Com Cooling (Compressor for B'ham	SLP/ 7 00	5,950 00	0 00	5,950 00	5,525 00	425 00	5,950 00
08/01/01	Exam Table - Carraway Meth Medical	SLP/ 5 00	440 00	0 00	440 00	388 67	51 33	440 00
09/27/01	Commercial Cooling (blower unit)	SLP/15 00	1,500 00	0 00	1,500 00	433 33	100 00	533 33
09/27/01	Forestbrook Health Center (Microsco	SLP/ 7 00	550 00	0 00	550 00	340 47	78 57	419 04
12/31/02	Commercial Cooling (blower unit)	SLP/15 00	1,500 00	0 00	1,500 00	308 33	100 00	408 33
07/10/03	Commercial Cooling (blower unit)	SLP/15 00	1,500 00	0 00	1,500 00	250 00	100 00	350 00
01/12/05	Commercial Cooling	SLP/15 00	1,360 66	0 00	1,360 66	90 71	90 71	181 42
03/24/05	Pelton Crane Autoclave	SLP/ 7 00	3,450 00	0 00	3,450 00	410 71	492 86	903 57
Grand totals 167 - FURNITURE, FIX & EQUIP (55 assets)			F-S 96,083 40	0 00	96,083 40	87,579 96	1,438 47	89,018 43
ASSET A/C#: 171 - HUNTSVILLE BUILDING								
01/04/01	Huntsville Building	SLP/15 00	266,171 50	0 00	266,171 50	88,723 85	17,744 77	106,468 62
Grand totals 171 - HUNTSVILLE BUILDING (1 assets)			F-S 266,171 50	0 00	266,171 50	88,723 85	17,744 77	106,468 62
ASSET A/C#: 179 - MOBILE RENOVATION DOWNTWN								
02/12/04	M D S CONSTRUCTION - MOBILE ROOF	SLP/15 00	8,533 00	0 00	8,533 00	1,090 33	568 87	1,659 20
03/04/04	ACME Locks	SLP/15 00	877 23	0 00	877 23	107 22	58 48	165 70
03/04/04	Universal Glass - Mobile Windows	SLP/15 00	2,915 00	0 00	2,915 00	356 27	194 33	550 60
03/18/04	M D S Constrution - Mobile Renova	SLP/15 00	15,020 00	0 00	15,020 00	1,835 77	1,001 33	2,837 10
03/31/04	AmSouth Loan Closing	SLP/15 00	811 00	0 00	811 00	99 13	54 07	153 20
04/08/04	Painting Exterior of Building (Ben	SLP/15 00	1,600 00	0 00	1,600 00	186 67	106 67	293 34
04/22/04	Fire Alarm System (General Alarm)	SLP/15 00	6,540 00	0 00	6,540 00	763 00	436 00	1,199 00
04/29/04	Acme Lock	SLP/15 00	828 74	0 00	828 74	96 69	55 25	151 94
05/01/04	General Alarm (Mobile System)	SLP/15 00	500 00	0 00	500 00	55 55	33 33	88 88
05/06/04	OMO Architecture (Mobile Renovation	SLP/15 00	3,800 00	0 00	3,800 00	422 22	253 33	675 55
05/06/04	Universal Glass (Mobile Windows)	SLP/15 00	7,685 00	0 00	7,685 00	853 89	512 33	1,366 22

Attachment to Form 990

ASSET DEPRECIATION SHORT REPORT
PLANNED PARENTHOOD OF ALABAMA, INC. Dec. 31, 2006

Sorted ASSET A/C#
 Method 1-FEDERAL-Std Conv Applied

Range 160 - 186
 Include All assets

						Includes Section 179		
Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 179 - MOBILE RENOVATION DOWNTWN								
05/06/04	ACME Lock (combination locks and cl	SLP/15 00	653 32	0 00	653 32	72 59	43 55	116 14
05/13/04	Ben Maddox (Inside Patning)	SLP/15 00	1,400 00	0 00	1,400 00	155 55	93 33	248 88
05/27/04	Keith Air (new A/C Units)	SLP/15 00	3,651 00	0 00	3,651 00	405 67	243 40	649 07
07/15/04	C & WELECTRIC	SLP/15 00	726 82	0 00	726 82	72 68	48 45	121 13
07/29/04	G E & B HEATING (NEW AC)	SLP/15 00	2,185 00	0 00	2,185 00	218 50	145 67	364 17
07/29/04	1GENERAL ALARM	SLP/15 00	1,786 75	0 00	1,786 75	178 68	119 12	297 80
10/25/04	AmSouth Loan Closing Fees	SLP/15 00	1,349 10	0 00	1,349 10	112 43	89 94	202 37
06/30/05	DYSON PLUMBING-WATER FOUNTAIN	SLP/15 00	1,121 40	0 00	1,121 40	43 61	74 76	118 37
09/30/05	MOBILE RENOVATION SEPT 2005	SLP/15 00	3,990 78	0 00	3,990 78	88 68	266 05	354 73
07/01/06 A	Mobile Center (Productivty Card)	SLP/ 7 00	200 00	0 00	200 00	0 00	14 29	14 29
12/21/06 A	Rawls, J M LLC Mobile	SLP/15 00	11,080 00	0 00	11,080 00	0 00	61 56	61 56
Grand totals 179 - MOBILE RENOVATION DOWNTWN (22 assets)			77,254 14	0 00	77,254 14	7,215 13	4,474 11	11,689 24
ASSET A/C#: 180 - BIRMINGHAM CTR RENOVATION								
10/10/86	Carpet - Birmingham Center	SLP/ 5 00	476 99	0 00	476 99	476 99	0 00	476 99
11/10/86	Wallpaper and Paint-Birmingham Cent	SLP/ 5 00	10,365 00	0 00	10,365 00	10,365 00	0 00	10,365 00
11/10/86	Wallpaper-Birmingham Center	SLP/ 5 00	9,037 98	0 00	9,037 98	9,037 98	0 00	9,037 98
11/10/86	Carpet-Birmingham Center	SLP/ 5 00	434 70	0 00	434 70	434 70	0 00	434 70
11/10/86	Landscaping-Birmingham Center	SLP/ 5 00	2,172 15	0 00	2,172 15	2,172 15	0 00	2,172 15
11/10/86	Sign-Birmingham Center	SLP/ 5 00	766 00	0 00	766 00	766 00	0 00	766 00
02/04/87	Sign-Birmingham Center	SLP/ 5 00	138 00	0 00	138 00	138 00	0 00	138 00
03/31/87	Window Treatment-Birmingham Center	SLP/ 5 00	543 52	0 00	543 52	543 52	0 00	543 52
06/08/87	Cabinet Refinishing-Birmingham Cent	SLP/ 5 00	995 80	0 00	995 80	995 80	0 00	995 80
Grand totals 180 - BIRMINGHAM CTR RENOVATION (9 assets)			24,930 14	0 00	24,930 14	24,930 14	0 00	24,930 14
ASSET A/C#: 181 - MOBILE BUILDING-DOWNTOWNR								
01/16/04	Mobile Building	SLP/15 00	186,961 80	0 00	186,961 80	24,928 24	12,464 12	37,392 36
Grand totals 181 - MOBILE BUILDING-DOWNTOWNR (1 assets)			186,961 80	0 00	186,961 80	24,928 24	12,464 12	37,392 36
ASSET A/C#: 182 - BIRMINGHAM CTR BUILDING								
07/15/86	Birmingham Center Building	SLP/15 00	332,706 21	0 00	332,706 21	319,247 80	13,458 41	332,706 21
Grand totals 182 - BIRMINGHAM CTR BUILDING (1 assets)			332,706 21	0 00	332,706 21	319,247 80	13,458 41	332,706 21
ASSET A/C#: 184 - BIRMINGHAM CTR RENOVATION								
12/15/86	Building Renovation-Birmingham Cent	SLP/10 00	80,584 80	0 00	80,584 80	80,584 80	0 00	80,584 80
03/01/87	Building Renovaton-Birmingham Cent	SLP/10 00	7,805 64	0 00	7,805 64	7,805 64	0 00	7,805 64
09/17/87	Sign-Birmingham Center	SLP/10 00	495 50	0 00	495 50	495 50	0 00	495 50
12/31/89	Building Renovation-Birmingham Cent	SLP/10 00	15,610 00	0 00	15,610 00	15,610 00	0 00	15,610 00
01/20/00	Commercial Cooling-Overall Compress	SLP/ 7 00	950 04	0 00	950 04	814 32	135 72	950 04
11/01/00	Bama Electric - Emergency Lights	SLP/15 00	790 00	0 00	790 00	272 13	52 67	324 80
07/12/01	Davies, Jimmie - Painting in Birmin	SLP/ 7 00	925 00	0 00	925 00	594 63	132 14	726 77
07/19/01	Commercial Cooling - Blower Replace	SLP/ 7 00	2,500 00	0 00	2,500 00	1,607 13	357 14	1,964 27
05/01/03	Arngton, Zack (carpentry) and Ala	SLP/15 00	1,727 00	0 00	1,727 00	307 02	115 13	422 15
05/01/03	Birmingham Roofing (new roof)	SLP/20 00	33,304 00	0 00	33,304 00	4,440 53	1,665 20	6,105 73
11/20/03	Walter, Charles & Davies, Jimmie (B	SLP/15 00	2,404 22	0 00	2,404 22	347 27	160 28	507 55
03/25/04	Davies, Jimmie - Building Repairs	SLP/15 00	542 50	0 00	542 50	66 31	36 17	102 48
04/01/04	Davies, Jimmie (repairs)	SLP/15 00	542 50	0 00	542 50	63 30	36 17	99 47
06/10/04	M D S	SLP/15 00	2,025 00	0 00	2,025 00	213 75	135 00	348 75
12/09/04	Davies, Jimmie (repairs)	SLP/15 00	715 00	0 00	715 00	51 64	47 67	99 31
06/30/05	Birmingham Center Remodel 2005	SLP/15 00	18,153 09	0 00	18,153 09	705 95	1,210 21	1,916 16
07/31/05	Birmingham Renovation July 2005	SLP/15 00	6,688 00	0 00	6,688 00	222 93	445 87	668 80
08/31/05	Birmingham Renovation Aug 2005	SLP/15 00	13,638 85	0 00	13,638 85	378 86	909 26	1,288 12
10/20/05	Birmingham Renovation-Oct 2005	SLP/15 00	6,168 00	0 00	6,168 00	102 80	411 20	514 00
11/30/05	BIRMINGHAM CENTER RENOVATION (11/05	SLP/15 00	1,932 57	0 00	1,932 57	21 47	128 84	150 31
12/31/05	BIRMINGHAM CENTER RENOVATION 12/05	SLP/15 00	4,342 96	0 00	4,342 96	24 13	289 53	313 66
01/31/06 A	Birmingham Center Renovation 1/06	SLP/15 00	631 14	0 00	631 14	0 00	42 08	42 08
03/31/06 A	Birmingham Center Renovation 3/06	SLP/15 00	4,164 52	0 00	4,164 52	0 00	231 36	231 36
04/30/06 A	Birmingham Center Renovation 4/06	SLP/15 00	665 00	0 00	665 00	0 00	33 25	33 25
05/31/06 A	Birmingham Center Renovation 5/06	SLP/15 00	2,998 00	0 00	2,998 00	0 00	133 24	133 24

(A) - (B) = 65,565
 (C) - (D) = 149,569
 See FN# 4

Attachment to Form 990

ASSET DEPRECIATION SHORT REPORT
PLANNED PARENTHOOD OF ALABAMA, INC. Dec. 31, 2006

Sorted ASSET A/C#
 Method 1-FEDERAL-Std Conv Applied

Range 160 - 186
 Include All assets

Date Acq	Description	Meth/Life	Cost	Section 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C# 184 - BIRMINGHAM CTR RENOVATION								
06/30/06	A Birmingham Center Renovation 6/06	SLP/15 00	1,900 00	0 00	1,900 00	0 00	73 89	73 89
07/31/06	A Birmingham Center Renovation 7/06	SLP/15 00	3,460 14	0 00	3,460 14	0 00	115 34	115 34
08/31/06	A Birmingham Center Renovation 8/06	SLP/15 00	1,700 00	0 00	1,700 00	0 00	47 22	47 22
09/30/06	A Birmingham Center Renovation 9/06	SLP/15 00	24,080 00	0 00	24,080 00	0 00	535 11	535 11
11/30/06	A Building Renovation 11/06	SLR/15 00	388 12	0 00	388 12	0 00	12 94	12 94
12/28/06	A Building Renovation 12/06	SLR/15 00	525 00	0 00	525 00	0 00	17 50	17 50
Grand totals 184 - BIRMINGHAM CTR RENOVATION (31 assets)			242,356 59	0 00	242,356 59	114,730 11	7,510 13	122,240 24
ASSET A/C# 185 - H'VILLE CLINIC RENOVATION								
02/02/01	OMO Architects - Huntsville Buildin	SLP/15 00	4,800 00	0 00	4,800 00	1,573 33	320 00	1,893 33
04/05/01	OMO Architects - Huntsville Buildin	SLP/15 00	2,627 10	0 00	2,627 10	831 92	175 14	1,007 06
07/01/01	L & G Construcction (OMO Arch) - Hu	SLP/15 00	53,075 70	0 00	53,075 70	15,922 71	3,538 38	19,461 09
07/25/01	Brooks Lock and Key	SLP/ 7 00	457 40	0 00	457 40	294 03	65 34	359 37
08/02/01	OMO Architect	SLP/15 00	894 10	0 00	894 10	263 28	59 61	322 89
08/16/01	L & G Construcction (OMO Arch) - Hu	SLP/15 00	22,502 00	0 00	22,502 00	6,625 58	1,500 13	8,125 71
08/30/01	Brooks Lock and Key (keyless entry)	SLP/15 00	545 00	0 00	545 00	160 46	36 33	196 79
09/06/01	Comsec (Telephone System)	SLP/ 7 00	4,789 00	0 00	4,789 00	2,964 61	684 14	3,648 75
09/13/01	L & G Contractors (building renova	SLP/15 00	5,000 00	0 00	5,000 00	1,444 43	333 33	1,777 76
09/13/01	Allied Electnc (outside battery li	SLP/15 00	686 26	0 00	686 26	198 25	45 75	244 00
09/13/01	A D T Alarm System	SLP/15 00	800 00	0 00	800 00	231 10	53 33	284 43
11/08/01	Renovate Lab and Reception (Jody Dr	SLP/15 00	4,300 00	0 00	4,300 00	1,194 46	286 67	1,481 13
11/29/01	O M O Architect (L & G Construction	SLP/15 00	2,394 40	0 00	2,394 40	665 12	159 63	824 75
03/07/02	Drake, Jody (Lab Counters & Electn	SLP/15 00	789 59	0 00	789 59	201 79	52 64	254 43
09/19/02	Drake, Jody (Install Video Room Doo	SLP/15 00	1,162 86	0 00	1,162 86	258 40	77 52	335 92
03/25/04	Drake Sr, Jody - Building Repairs	SLP/15 00	467 32	0 00	467 32	57 11	31 15	88 26
06/23/05	K & M Glass - Reception Window	SLP/15 00	303 88	0 00	303 88	11 82	20 26	32 08
09/15/05	HOUSE DOCTORS-REPAIRS	SLP/15 00	570 00	0 00	570 00	12 67	38 00	50 67
07/01/06	A Huntsville Renovation	SLP/ 7 00	200 00	0 00	200 00	0 00	14 29	14 29
Grand totals 185 - H'VILLE CLINIC RENOVATION (19 assets)			106,364 61	0 00	106,364 61	32,911 07	7,491 64	40,402 71
ASSET A/C# 186 - BIRMINGHAM CENTER LAND								
07/15/86	Birmingham Center Land	MAN/ 5 00	67,325 37	0 00	67,325 37	0 00	0 00	0 00
01/16/04	LAND MOBILE DOWNTOWNER LOOP	LAND/10 00	20,773 53	0 00	20,773 53	0 00	0 00	0 00
Grand totals 186 - BIRMINGHAM CENTER LAND (2 assets)			88,098 90	0 00	88,098 90	0 00	0 00	0 00
Grand totals for all accounts: (284 assets)			1,678,597 82	0 00	1,678,597 82	873,984 83	86,302 03	960,286 86

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics:	Cost	Curr Yr 179	Prior Yr 179	Depr Basis	Beg A/Depr	Curr Depr	Ending A/Depr	Net Book Val
Grand Totals for All Assets	1,678,597 82	0 00	0 00	1,678,597 82	873,984 83	86,302 03	960,286 86	718,310 96
Less: Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	1,678,597 82	0 00	0 00	1,678,597 82	873,984 83	86,302 03	960,286 86	718,310 96
Net Totals (Active Assets)			0 00					
Total Additional First Year Depreciation Taken at 30% Rate:								
Total Additional First Year Depreciation Taken at 50% Rate:								
Total Additional First Year Depreciation Taken:								

Total additions
 2 x's = 68,807 F-5

Attachment to Form 990

Application for Extension of Time to File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	PLANNED PARENTHOOD OF ALABAMA, INC	63-0341404
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1211 27TH PLACE SOUTH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BIRMINGHAM, AL 35205-1806	

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

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

- The books are in the care of ► **CHRISTIENE PARKER**
Telephone No. ► **(205) 322-2121** FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2006** or
► ☐ tax year beginning _____, and ending _____

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2006)

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

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

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

Part II	Additional (not automatic) 3-Month Extension of Time. You must file original and one copy	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	PLANNED PARENTHOOD OF ALABAMA, INC	63-0341404
	Number, street, and room or suite no. If a P O box, see instructions 1211 27TH PLACE SOUTH	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. BIRMINGHAM, AL 35205-1806	

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

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

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

- The books are in the care of **CHRISTIENE PARKER**
 Telephone No **(205) 322-2121** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

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

Signature and Verification

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

Signature **[Signature]** Title **Agent** Date **8/15/07**

Notice to Applicant (To Be Completed by the IRS)

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

Director _____ By _____ Date _____

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

Type or print 623832 02-07-07	Name PEARCE, BEVILL, LEESBURG, MOORE, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number 110 OFFICE PARK DR., SUITE 100
	City or town, province or state, and country (including postal or ZIP code) BIRMINGHAM, AL 35223