

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning _____ **and ending** _____

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

C Name of organization **PLANNED PARENTHOOD OF GREATER ORLANDO, INC.**

D Employer identification number **59-3092996**

E Telephone number **407-246-1788**

G Gross receipts\$ **3,073,328**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: **WWW.PPGO.ORG**

H(c) Group exemption number ◆

K Form of organization Corporation Trust Association Other ◆

L Year of formation **1991** **M State of legal domicile** **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities PROVIDE FAMILY PLANNING SERVICES			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	36	
6 Total number of volunteers (estimate if necessary)	6		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		
b Net unrelated business taxable income from Form 990-T, line 34	7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	181,666	233,117
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,500,248	2,814,647
	11 Other revenue (Part VIII, column (A), lines 5, 6, 8, 9, 10, and 11e)	-107	-104
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,112	786
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,380,397	1,487,534
	16a Professional fundraising fees (Part IX, column (A), line 11)		
	b Total fundraising expenses (Part IX, column (D), line 25) ◆ 111,627		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,282,579	1,391,603	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,662,976	2,879,137	
19 Revenue less expenses Subtract line 18 from line 12	19,943	169,309	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,029,398	2,118,044
	22 Net assets or fund balances. Subtract line 21 from line 20	574,688	494,025
		1,454,710	1,624,019

Part II Signature Block

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.

Sign Here

Signature of officer: *Susan R. Intensohn* Date: **8/15/11**

Type or print name and title: **SUSAN R. INTENSOHN**

Paid Preparer Use Only

Print/Type preparer's name: **JAMES E. GASE, CPA** Preparer's signature: *James E. Gase, CPA* Date: **08/12/11** Check if self-employed PTIN: **P00061476**

Firm's name: **BORCHECK & GASE, LLC** Firm's EIN: **59-3687181**

Firm's address: **280 WEST CANTON AVE., SUITE 110 WINTER PARK, FL 32789** Phone no: **407-622-6600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED SEP 13 2011

2/17 14

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

PROVIDE FAMILY PLANNING SERVICES2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ **1,564,220** including grants of \$) (Revenue \$)
PROVIDE FAMILY PLANNING SERVICES TO CLIENTS4b (Code) (Expenses \$ **89,775** including grants of \$) (Revenue \$)
PROVIDE FAMILY PLANNING EDUCATION IN SCHOOLS, SOCIAL SERVICE SETTINGS, AND SPECIAL EVENTS4c (Code.) (Expenses \$ **842,596** including grants of \$) (Revenue \$)
PROVIDE FAMILY PLANNING RELATED SURGICAL SERVICES TO CLIENTS

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ♦ **2,496,591**

Part IV Checklist 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
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? If "Yes," complete Schedule F, Parts II and IV		X
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? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 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		X
37 Did the organization conduct more than 5% 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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Yes No

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country ◆ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter.		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **◆ FL**
- 18** Section 6104 requires an organization to make its Forms 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
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **◆ CAROL HENRION**
726 S. TAMPA AVE.

ORLANDO

FL 32805

407-246-1788

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."

- 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, and 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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUE IDTENSOHN PRESIDENT	40.00	X		X			80,607	0	0	
(2) SALLY BLACKMUN SECRETARY	1.00	X					0	0	0	
(3) MARA LEVITT AD HOC	1.00	X					0	0	0	
(4) SUZAN ABRAMSON GEN. COUNCIL	1.00	X					0	0	0	
(5) GLORIA RICHARDS VICE CHAIR	1.00	X					0	0	0	
(6) LYNN WATCH DIRECTOR	1.00	X					0	0	0	
(7) JANICE O'ROURKE DIRECTOR	1.00	X					0	0	0	
(8) NANCY WOLF CHAIR	1.00	X					0	0	0	
(9) LUCI BELNICK DIRECTOR	1.00	X					0	0	0	
(10) JENNA CAWLEY DIRECTOR	1.00	X					0	0	0	
(11) MARTHA HAYNIE TREASURER	1.00	X					0	0	0	
(12) MONICA NGUYEN DIRECTOR	1.00	X					0	0	0	
(13) JANAN AL-AWAR SMITHER FORMER CHAIR	1.00					X	0	0	0	
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							80,607			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							80,607			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

	Yes	No
3	X	
4		X
5		X

4 For any individual listed on line 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 individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	233,117				
	g Noncash contributions included in lines 1a-1f		\$ 83,322				
	h Total. Add lines 1a-1f		233,117				
Program Service Revenue		Busn. Code					
	2a FAMILY PLANNING SERVICES		1,498,407	1,498,407			
	b SURGICAL SERVICES		1,298,097	1,298,097			
	c EDUCATION SERVICES		18,143	18,143			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,814,647				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22			22	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		24,756					
		b Less cost or other basis & sales exps		24,882			
		c Gain or (loss)		-126			
	d Net gain or (loss)		-126	-126			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a UNREALIZED GAIN ON INVESTMENT			786	786			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			786				
12 Total revenue. See instructions			3,048,446	2,815,307	0	22	

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)

Do 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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,358,335	1,127,271	169,557	61,507
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,025	5,842	4,169	14
9 Other employee benefits	34,002	27,702	4,569	1,731
10 Payroll taxes	85,172	66,716	13,250	5,206
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	18,638	1,138	17,500	
12 Advertising and promotion	86,326	71,275	553	14,498
13 Office expenses	110,678	88,069	19,213	3,396
14 Information technology				
15 Royalties				
16 Occupancy	227,164	217,224	6,525	3,415
17 Travel	37,239	20,033	12,889	4,317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,790	122,790		
23 Insurance	64,909	63,803	620	486
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES & LABS	571,107	571,107		
b CREDIT CARD FEE	50,352	50,352		
c LICENSE & FEE	48,826	43,806	5,020	
d BAD DEBT	17,000		17,000	
e POSTAGE	15,426	15,315	54	57
f All other expenses	21,148	4,148		17,000
25 Total functional expenses. Add lines 1 through 24f	2,879,137	2,496,591	270,919	111,627
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	56,560	1	155,150
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	30,900	4	52,962
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	4,899	7	12,202
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,491	9	13,393
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,217,746		
	b Less accumulated depreciation	10b 603,088	10c	1,614,658
	11 Investments—publicly traded securities	171,555	11	177,477
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	18,221	14	68,322
	15 Other assets See Part IV, line 11	23,880	15	23,880
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,029,398	16	2,118,044	
Liabilities	17 Accounts payable and accrued expenses	156,936	17	148,462
	18 Grants payable		18	
	19 Deferred revenue	28,049	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	361,557	23	325,458
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	28,146	25	20,105
	26 Total liabilities. Add lines 17 through 25	574,688	26	494,025
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,447,378	27	1,624,019
	28 Temporarily restricted net assets	7,332	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,454,710	33	1,624,019	
34 Total liabilities and net assets/fund balances	2,029,398	34	2,118,044	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,048,446
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,879,137
3	Revenue less expenses Subtract line 2 from line 1	3	169,309
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,454,710
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,624,019

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

◆ Attach to Form 990 or Form 990-EZ. ◆ See separate instructions.

Name of the organization **PLANNED PARENTHOOD OF GREATER ORLANDO, INC.** Employer identification number **59-3092996**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	532,143	599,365	242,630	181,666	233,117	1,788,921
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 lines 1 through 3	532,143	599,365	242,630	181,666	233,117	1,788,921
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,788,921

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	532,143	599,365	242,630	181,666	233,117	1,788,921
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,677	12,179	1,753	533	22	26,164
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.)		-676				-676
11 Total support. Add lines 7 through 10						1,814,409
12 Gross receipts from related activities, etc (see instructions)					12	2,815,433
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.60%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.46%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, 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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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

b **33 1/3% support tests—2009.** 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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

\$ -676

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

◆ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization PLANNED PARENTHOOD OF GREATER ORLANDO, INC.	Employer identification number 59-3092996
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Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆

4 Number of states where property subject to conservation easement is located ◆

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ◆

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ◆ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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	◆ \$
(ii) Assets included in Form 990, Part X	◆ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	◆ \$
b Assets included in Form 990, Part X	◆ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the year end balance held as
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|------------------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,000		150,000
b Buildings		1,364,468	194,181	1,170,287
c Leasehold improvements		166,728	39,915	126,813
d Equipment		431,402	281,720	149,682
e Other		105,148	87,272	17,876
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			◆	1,614,658

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ◆		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ◆		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ◆	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	20,105
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ◆	20,105

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,048,446
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,879,137
3	Excess or (deficit) for the year Subtract line 2 from line 1	169,309
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	169,309

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	3,048,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3,048,446
4	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
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	3,048,446

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	2,879,137
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	2,879,137
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2,879,137

Part XIV Supplemental Information

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

Part XIV Supplemental Information (continued)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

◆ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

◆ Attach to Form 990. ◆ See separate instructions.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization **PLANNED PARENTHOOD OF GREATER ORLANDO, INC.**

Employer identification number
59-3092996

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JANAN AL-AWAR SMITHER	0	0	0	0	0	0	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

◆ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
◆ Attach to Form 990

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization **PLANNED PARENTHOOD OF GREATER ORLANDO, INC.**

Employer identification number
59-3092996

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	20,776	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 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				
25 Other ◆()	X	2	62,546	
26 Other ◆()				
27 Other ◆()				
28 Other ◆()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **PLANNED PARENTHOOD OF GREATER
ORLANDO, INC.**Employer identification number
59-3092996

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS REVIEW THE DRAFT OF 990 BEFORE FILE

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD USES THE COMPENSATION REPORT OBTAINED FROM THE PLANNED PARENTHOOD
FEDERATION OF AMERICA WHICH IS USED TO DETERMINE THE COMPENSATION PACKAGES
FOR THE CEO, EMPLOYEES, AND OTHER OFFICERS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD USES THE COMPENSATION REPORT OBTAINED FROM THE PLANNED PARENTHOOD
FEDERATION OF AMERICA WHICH IS USED TO DETERMINE THE COMPENSATION PACKAGES
FOR THE CEO, EMPLOYEES, AND OTHER OFFICERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

59-3092996

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
88	2 exam tables	5/30/02	1,772		X	1,240	7 HY 200DB	1,772	0
89	Shredder	6/21/02	90		X	63	7 HY 200DB	90	0
91	Microscope	6/21/02	530		X	371	7 HY 200DB	530	0
92	Lab supplies	6/21/02	125		X	88	7 HY 200DB	125	0
93	Autoclave	6/22/02	1,750		X	1,225	7 HY 200DB	1,750	0
94	Utility cart	6/24/02	138		X	97	7 HY 200DB	138	0
95	Speculums, cart, forceps	6/24/02	972		X	681	7 HY 200DB	972	0
97	2 Rolling stools	6/25/02	70		X	49	7 HY 200DB	70	0
98	Speculums	6/26/02	106		X	74	7 HY 200DB	106	0
99	Cabinet	7/11/02	60		X	42	7 HY 200DB	60	0
102	Plastic filing cabinets	8/16/02	67		X	47	7 HY 200DB	67	0
103	Speculum	8/16/02	274		X	192	7 HY 200DB	274	0
104	Speculums & IV set	8/16/02	178		X	125	7 HY 200DB	178	0
107	2 Metal cabinets	8/27/02	290		X	203	7 HY 200DB	290	0
112	Bldg - 726 S Tampa	6/01/05	450,000			450,000	39 MMS/L	52,404	11,538
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041			13,041	39 MMS/L	1,817	334
123	Modular Office Units	6/01/05	15,564			15,564	7 HY 200DB	12,091	1,389
126	New Server & Rack Computers	6/01/05	21,208			21,208	5 HY 200DB	19,986	1,222
127	Chart Storage System	6/01/05	2,550			2,550	7 HY 200DB	1,981	228
128	Building Renovation	6/01/05	107,573			107,573	39 MMS/L	12,527	2,758
129	Construction Period Taxes	6/01/05	24,696			24,696	39 MMS/L	2,876	633
130	Building Renovation	6/01/05	716,246			716,246	39 MMS/L	83,409	18,365
131	Smartwatch Security System	6/01/05	19,515			19,515	15 HY S/L	5,855	1,301
132	Chart Storage System	6/01/05	10,265			10,265	7 HY 200DB	7,975	916
133	Computer Cable Runs	6/01/05	10,023			10,023	5 HY 200DB	9,446	577
134	Bellsouth T-1 Line	6/01/05	3,515			3,515	5 HY 200DB	3,313	202
135	Plasma TV for Waiting Room	6/01/05	3,500			3,500	5 HY 200DB	3,298	202
136	Overhead Projector	6/01/05	999			999	7 HY 200DB	776	89
137	Land Survey	6/01/05	900			900	39 MMS/L	105	23
138	Workscapes Mod Furniture	6/01/05	60,169			60,169	7 HY 200DB	46,744	5,370
139	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,358	83
140	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,358	83
141	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,358	83
142	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,358	83
143	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,358	83
144	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,358	83
145	Laptop computer	6/01/05	1,589			1,589	5 HY 200DB	1,497	92
146	HP Laserjet Printer	6/01/05	403			403	5 HY 200DB	380	23
147	Computer installation	6/01/05	3,753			3,753	5 HY 200DB	3,537	216
148	DSI Design Services	6/01/05	140			140	39 MMS/L	16	4
149	Upholstered Benches	6/01/05	1,500			1,500	7 HY 200DB	1,165	134
150	Window Blinds	6/01/05	1,540			1,540	7 HY 200DB	1,196	138
151	Irrigation & Sentricon	6/01/05	3,201			3,201	5 HY 200DB	3,017	184
152	Studio 3 Design Services	6/01/05	853			853	39 MMS/L	99	22
153	City Color Graphics	6/01/05	7,318			7,318	5 HY 200DB	6,896	422
155	Exam Room Lights & Furniture	6/01/05	6,157			6,157	7 HY 200DB	4,784	549
156	IPX-500 Phone System Relocation	6/01/05	1,178			1,178	7 HY 200DB	915	105
157	Mobiles	6/01/05	500			500	7 HY 200DB	388	45
158	Exterior Signage	6/01/05	4,723			4,723	39 MMS/L	550	121
159	Wall Graphics	6/01/05	1,200			1,200	5 HY 200DB	1,131	69
160	Fencing	6/01/05	2,340			2,340	15 HY S/L	702	156
161	Painting - Rothfork	6/01/05	1,000			1,000	7 HY 200DB	777	89
162	Legal Fees re. Building	6/01/05	2,605			2,605	39 MMS/L	303	67
163	Lobby Carpet	6/01/05	2,453			2,453	5 HY 200DB	2,312	141
164	Lobby Glass	6/01/05	800			800	15 HY S/L	240	53
167	Construction Period Utilities	6/01/05	2,435			2,435	39 MMS/L	284	62
168	Autoclave - ES	1/19/05	1,967			1,967	5 HY 200DB	1,854	113
169	Computer - Card Access System	6/01/05	1,449			1,449	5 HY 200DB	1,365	84
170	Entry Mats	6/01/05	824			824	5 HY 200DB	777	47
171	Lab Refingerator	7/06/05	359			359	5 HY 200DB	338	21
172	Literature Holders	7/31/05	558			558	5 HY 200DB	526	32
173	Interior Design Services	6/01/05	40,000			40,000	39 MMS/L	4,658	1,026
174	Furniture	6/01/05	4,527			4,527	7 HY 200DB	3,517	404
175	Amex charges re: Building	6/01/05	1,256			1,256	39 MMS/L	146	32
178	Fence	10/27/06	1,813			1,813	15 HY S/L	423	121
181	FCC	5/01/06	10,000			10,000	7 MQ200DB	7,006	887
182	Laptop	9/30/06	1,817			1,817	5 MQ200DB	1,483	206
183	Physician Equipment	10/07/06	607			607	7 MQ200DB	394	61

59-3092996

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
184	Communication Equipment	10/17/06	7,737			7,737	7 MQ200DB	5,018	777
185	Chairs	2/15/06	1,304			1,304	7 MQ200DB	947	114
186	Diamond Glass	11/15/06	1,200			1,200	15 MQ S/L	283	80
187	Suction Machine	10/31/06	400			400	7 MQ200DB	259	41
188	Magnaclave	11/01/06	4,000			4,000	7 MQ200DB	2,594	402
189	WelchAllyn PB Monitor	12/31/06	2,201			2,201	7 MQ200DB	1,427	221
190	Surgical Tools	11/10/06	409			409	7 MQ200DB	265	41
191	Hemocue Machine	11/22/06	600			600	7 MQ200DB	389	61
192	Hemocue Machine	11/22/06	600			600	7 MQ200DB	389	61
193	Recovery room chairs	11/30/06	3,498			3,498	7 MQ200DB	2,269	351
194	Rh view box	11/30/06	506			506	7 MQ200DB	328	51
195	Surgical Equipment	12/01/06	1,881			1,881	7 MQ200DB	1,220	189
196	Defibrillator	12/12/06	1,500			1,500	7 MQ200DB	973	150
197	Dialator Set Pratt	12/13/06	350			350	7 MQ200DB	227	36
198	Surgical Tools	12/15/06	176			176	7 MQ200DB	114	18
199	Surgical Supplies	12/15/06	1,584			1,584	7 MQ200DB	1,027	159
200	Surgical Cabinets	12/15/06	7,120			7,120	7 MQ200DB	4,618	715
201	Waiting room seats	12/15/06	6,774			6,774	7 MQ200DB	4,393	681
202	Surgical Instruments	12/28/06	400			400	7 MQ200DB	259	41
203	AB crash cart	12/31/06	187			187	7 MQ200DB	121	19
204	AB freezer POC	12/31/06	221			221	7 MQ200DB	144	22
			<u>1,628,345</u>			<u>1,626,420</u>		<u>359,113</u>	<u>55,601</u>

Other Depreciation:

33	Microscope	7/21/94	852			852	5 MO S/L	852	0
56	Colposcope	5/27/98	1,600			1,600	5 MO S/L	1,600	0
57	Cryosurgical Freezer	8/27/98	1,004			1,004	5 MO S/L	1,004	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494			494	5 MO S/L	494	0
109	Babies (60)	12/31/03	15,000	X		0	5 MO S/L	15,000	0
111	Equipment - Eastside	3/07/03	4,338	X		0	5 MO S/L	4,338	0
113	Land-726 S. Tampa	9/25/03	150,000			150,000	0 -- Land	0	0
124	Phone System	6/01/05	1,092			1,092	7 MO S/L	715	156
179	Practice Xpert Medical Software	1/02/06	18,700			18,700	3 MO Amort	18,700	0
205	Expansion of CCTV System	4/02/07	9,944			9,944	5 MO S/L	5,469	1,989
206	Diamond Glass	4/18/07	2,140			2,140	7 MO S/L	815	306
207	TV	3/30/07	1,449			1,449	5 MO S/L	797	290
208	Mr Hook-it-Up Mount	4/13/07	699			699	5 MO S/L	384	140
209	CNSG	4/18/07	1,001			1,001	5 MO S/L	534	200
210	First Choice - SAGE	9/30/07	3,685			3,685	5 MO S/L	1,658	737
211	TBA - Mobile CARRIAGE Track and Shelving	9/17/07	3,317			3,317	5 MO S/L	1,493	663
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066			1,066	5 MO S/L	480	213
213	Orange Signs	9/30/07	4,328			4,328	7 MO S/L	1,391	619
214	Donated Medical Equipment	12/31/07	22,200			22,200	5 MO S/L	8,880	4,440
215	Surgical Equipment - January - AB Services	4/15/07	41,063			41,063	5 MO S/L	22,585	8,212
216	Studio 3 Designs	5/01/07	6,774			6,774	7 MO S/L	2,581	967
217	Dave's Lock & Key	5/10/07	904			904	15 MO S/L	161	60
218	Ferran Services	5/14/07	1,029			1,029	15 MO S/L	183	69
219	Sonographic Machine	6/30/07	15,000			15,000	7 MO S/L	5,357	2,143
220	Build-out - Donated Office Space	6/30/07	118,000			118,000	15 MO S/L	19,667	7,866
221	Surgical Equipment - February	2/28/07	18,447			18,447	7 MO S/L	7,467	2,635
222	Surgical Equipment	5/30/07	24,423			24,423	7 MO S/L	9,013	3,490
223	POWER SOURCE	3/04/08	2,750			2,750	5 MO S/L	1,008	550
224	SNAP SERVER	4/04/08	2,850			2,850	5 MO S/L	998	570
225	DELL LAPTOP	5/31/08	1,750			1,750	5 MO S/L	554	350
226	VACUUM ASP	6/11/08	552			552	5 MO S/L	175	110
228	SERVER	7/28/08	6,166			6,166	5 MO S/L	1,747	1,233
229	16 PORT STATION CARD	8/04/08	1,090			1,090	5 MO S/L	309	218
230	LEEP MACHINE	9/30/08	4,502			4,502	7 MO S/L	804	643
232	COMPUTERS - 6 TOTAL	11/05/08	4,446			4,446	5 MO S/L	1,037	890
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801			2,801	7 MO S/L	800	400
234	ORANGE SIGN	4/03/08	3,463			3,463	15 MO S/L	404	231
235	ORANGE SIGN - FINAL 10	6/25/08	866			866	15 MO S/L	87	57
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800			6,800	5 MO S/L	2,153	1,360
238	Flooring Installed - West Clinic	8/06/09	7,571			7,571	15 MO S/L	210	505
239	Build-Out - West Clinic	5/13/09	5,728			5,728	15 MO S/L	255	381
240	500 GB Sata Hard Drive for Server	1/19/09	1,899			1,899	5 MO S/L	348	380
241	Server Rack	1/14/09	1,039			1,039	5 MO S/L	208	208
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035			1,035	2 MO S/L	474	518
243	Bullet Proof Window Tinting	9/24/09	1,000			1,000	7 MO S/L	36	143

59-3092996

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
244	Replacement Waiting Room Window	11/30/09	2,500			2,500	7 MO S/L	30	357
245	Dell Smart-UPS Mountable Rack and Instal	2/04/09	23,093			23,093	5 MO S/L	4,234	4,618
246	3 Dell Computers	5/08/09	1,860			1,860	5 MO S/L	248	372
247	Firewall for Computers	4/15/09	947			947	3 MO Amort	237	315
248	48 Port Switch and Installation - West Clin	3/31/09	4,251			4,251	5 MO S/L	638	850
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520			1,520	7 MO S/L	90	218
250	Ultrasound Machine from Boca Clinic - We	4/01/09	5,000			5,000	7 MO S/L	536	714
251	Ultrasound Probe from Boca Clinic - West (4/01/09	4,000			4,000	7 MO S/L	429	571
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268			2,268	5 MO S/L	416	453
253	2 DELL Precision T3400 Convertible Mini	5/08/09	1,462			1,462	5 MO S/L	195	292
254	256 MB Security Gateway 20 Port Mini-PII	7/15/09	947			947	5 MO S/L	95	189
255	10 Bierer Forcepts	5/20/09	1,422			1,422	7 MO S/L	119	203
256	Telephone System Software	3/04/09	1,420			1,420	3 MO Amort	394	474
257	Access Software	5/28/09	650			650	3 MO S/L	126	217
258	Compass Software	5/18/09	962			962	3 MO S/L	187	321
259	Pharmacy Door Access Panel	8/12/09	1,974			1,974	7 MO S/L	118	282
260	Sharp MX-2300N Copier	11/24/09	9,595			9,595	7 MO S/L	114	1,371
261	Sharp MX-M700N Copier	11/24/09	19,190			19,190	7 MO S/L	228	2,742
262	Software-Tech Soup	10/08/10	2,442			2,442	3 MO S/L	0	204
263	Dell Latitude E5500=Carol	5/16/10	1,078			1,078	7 MO S/L	0	90
264	Dell Latitude E5500-Sue	5/16/10	1,078			1,078	7 MO S/L	0	90
265	Software-Tech Soup/Microsoft	9/30/10	58,015			58,015	3 MO S/L	0	4,835
266	48 Port Switch and Installation	12/31/10	3,043			3,043	7 MO S/L	0	0
Total Other Depreciation			673,574			654,236		151,659	63,720
Total ACRS and Other Depreciation			673,574			654,236		151,659	63,720
Amortization:									
125	Software - Windows Licenses	6/30/04	704			704	3 MO Amort	704	0
165	Practice Expert Software	6/01/05	17,500			17,500	1 MO Amort	17,500	0
166	Metasoft Software	6/01/05	3,595			3,595	5 MO Amort	3,295	300
177	Closing Costs - Suntrust Loan	3/15/05	8,195			8,195	15 MO Amort	2,641	546
227	PRACTICE ONE - ADDTION	6/25/08	10,150			10,150	5 MO Amort	3,214	2,030
231	PRACTICE ONE - ADDTION II	9/30/08	2,988			2,988	5 MO Amort	797	597
237	Loan Cost for LOC	12/23/08	7,010			7,010	1 MO Amort	7,010	0
			50,142			50,142		35,161	3,473
Grand Totals			2,352,061			2,330,798		545,933	122,794
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			2,352,061			2,330,798		545,933	122,794

59-3092996

State Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
88	2 exam tables	5/30/02	1,772	1,240	1,772	0	0	0
89	Shredder	6/21/02	90	63	90	0	0	0
91	Microscope	6/21/02	530	371	530	0	0	0
92	Lab supplies	6/21/02	125	88	125	0	0	0
93	Autoclave	6/22/02	1,750	1,225	1,750	0	0	0
94	Utility cart	6/24/02	138	97	138	0	0	0
95	Speculums, cart, forceps	6/24/02	972	681	972	0	0	0
97	2 Rolling stools	6/25/02	70	49	70	0	0	0
98	Speculums	6/26/02	106	74	106	0	0	0
99	Cabinet	7/11/02	60	42	60	0	0	0
102	Plastic filing cabinets	8/16/02	67	47	67	0	0	0
103	Speculum	8/16/02	274	192	274	0	0	0
104	Speculums & IV set	8/16/02	178	125	178	0	0	0
107	2 Metal cabinets	8/27/02	290	203	290	0	0	0
112	Bldg - 726 S Tampa	6/01/05	450,000	450,000	52,404	11,538	11,538	0
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041	13,041	1,817	334	334	0
123	Modular Office Units	6/01/05	15,564	15,564	12,091	1,389	1,389	0
126	New Server & Rack Computers	6/01/05	21,208	21,208	19,986	1,222	1,222	0
127	Chart Storage System	6/01/05	2,550	2,550	1,981	228	228	0
128	Building Renovation	6/01/05	107,573	107,573	12,527	2,758	2,758	0
129	Construction Period Taxes	6/01/05	24,696	24,696	2,876	633	633	0
130	Building Renovation	6/01/05	716,246	716,246	83,409	18,365	18,365	0
131	Smartwatch Security System	6/01/05	19,515	19,515	5,855	1,301	1,301	0
132	Chart Storage System	6/01/05	10,265	10,265	7,975	916	916	0
133	Computer Cable Runs	6/01/05	10,023	10,023	9,446	577	577	0
134	Bellsouth T-1 Line	6/01/05	3,515	3,515	3,313	202	202	0
135	Plasma TV for Waiting Room	6/01/05	3,500	3,500	3,298	202	202	0
136	Overhead Projector	6/01/05	999	999	776	89	89	0
137	Land Survey	6/01/05	900	900	105	23	23	0
138	Workscapes Mod Furniture	6/01/05	60,169	60,169	46,744	5,370	5,370	0
139	Computer	6/01/05	1,441	1,441	1,358	83	83	0
140	Computer	6/01/05	1,441	1,441	1,358	83	83	0
141	Computer	6/01/05	1,441	1,441	1,358	83	83	0
142	Computer	6/01/05	1,441	1,441	1,358	83	83	0
143	Computer	6/01/05	1,441	1,441	1,358	83	83	0
144	Computer	6/01/05	1,441	1,441	1,358	83	83	0
145	Laptop computer	6/01/05	1,589	1,589	1,497	92	92	0
146	HP Laserjet Printer	6/01/05	403	403	380	23	23	0
147	Computer installation	6/01/05	3,753	3,753	3,537	216	216	0
148	DSI Design Services	6/01/05	140	140	16	4	4	0
149	Upholstered Benches	6/01/05	1,500	1,500	1,165	134	134	0
150	Window Blinds	6/01/05	1,540	1,540	1,196	138	138	0
151	Irrigation & Sentricon	6/01/05	3,201	3,201	3,017	184	184	0
152	Studio 3 Design Services	6/01/05	853	853	99	22	22	0
153	City Color Graphics	6/01/05	7,318	7,318	6,896	422	422	0
155	Exam Room Lights & Furniture	6/01/05	6,157	6,157	4,784	549	549	0
156	IPX-500 Phone System Relocation	6/01/05	1,178	1,178	915	105	105	0
157	Mobiles	6/01/05	500	500	388	45	45	0
158	Exterior Signage	6/01/05	4,723	4,723	550	121	121	0
159	Wall Graphics	6/01/05	0	0	0	0	69	69
160	Fencing	6/01/05	2,340	2,340	702	156	156	0
161	Painting - Rothfork	6/01/05	1,000	1,000	777	89	89	0
162	Legal Fees re: Building	6/01/05	2,605	2,605	303	67	67	0
163	Lobby Carpet	6/01/05	2,453	2,453	2,312	141	141	0
164	Lobby Glass	6/01/05	800	800	240	53	53	0
167	Construction Period Utilities	6/01/05	2,435	2,435	284	62	62	0
168	Autoclave - ES	1/19/05	1,967	1,967	1,854	113	113	0
169	Computer - Card Access System	6/01/05	1,449	1,449	1,365	84	84	0
170	Entry Mats	6/01/05	824	824	777	47	47	0
171	Lab Refirgerator	7/06/05	359	359	338	21	21	0
172	Literature Holders	7/31/05	558	558	526	32	32	0
173	Interior Design Services	6/01/05	40,000	40,000	4,658	1,026	1,026	0
174	Furniture	6/01/05	4,527	4,527	3,517	404	404	0
175	Amex charges re: Building	6/01/05	1,256	1,256	146	32	32	0
178	Fence	10/27/06	1,813	1,813	149	47	121	74
181	FCC	5/01/06	10,000	10,000	7,006	887	887	0
182	Laptop	9/30/06	1,817	1,817	1,483	206	206	0
183	Physician Equipment	10/07/06	607	607	394	61	61	0

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State Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Pnorr	State Current	Federal Current	Difference Fed - State
184	Communication Equipment	10/17/06	7,737	7,737	5,018	777	777	0
185	Chairs	2/15/06	1,304	1,304	947	114	114	0
186	Diamond Glass	11/15/06	1,200	1,200	135	31	80	49
187	Suction Machine	10/31/06	400	400	259	41	41	0
188	Magnaclave	11/01/06	4,000	4,000	2,594	402	402	0
189	WelchAllyn PB Monitor	12/31/06	2,201	2,201	1,427	221	221	0
190	Surgical Tools	11/10/06	409	409	265	41	41	0
191	Hemocue Machine	11/22/06	600	600	389	61	61	0
192	Hemocue Machine	11/22/06	600	600	389	61	61	0
193	Recovery room chairs	11/30/06	3,498	3,498	2,269	351	351	0
194	Rh view box	11/30/06	506	506	328	51	51	0
195	Surgical Equipment	12/01/06	1,881	1,881	1,220	189	189	0
196	Defibrillator	12/12/06	1,500	1,500	973	150	150	0
197	Dialator Set Pratt	12/13/06	350	350	227	36	36	0
198	Surgical Tools	12/15/06	176	176	114	18	18	0
199	Surgical Supplies	12/15/06	1,584	1,584	1,027	159	159	0
200	Surgical Cabinets	12/15/06	7,120	7,120	4,618	715	715	0
201	Waiting room seats	12/15/06	6,774	6,774	4,393	681	681	0
202	Surgical Instruments	12/28/06	400	400	259	41	41	0
203	AB crash cart	12/31/06	187	187	121	19	19	0
204	AB freezer POC	12/31/06	221	221	144	22	22	0
220	Build-out - Donated Office Space	6/30/07	118,000	118,000	7,690	3,026	7,866	4,840
			<u>1,745,145</u>	<u>1,743,220</u>	<u>365,250</u>	<u>58,435</u>	<u>63,467</u>	<u>5,032</u>

Other Depreciation:

33	Microscope	7/21/94	852	852	852	0	0	0
56	Colposcope	5/27/98	1,600	1,600	1,600	0	0	0
57	Cryosurgical Freezer	8/27/98	1,004	1,004	1,004	0	0	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494	494	494	0	0	0
109	Babies (60)	12/31/03	15,000	0	15,000	0	0	0
111	Equipment - Eastside	3/07/03	4,338	0	4,338	0	0	0
113	Land-726 S. Tampa	9/25/03	150,000	150,000	0	0	0	0
124	Phone System	6/01/05	1,092	1,092	715	156	156	0
179	Practice Xpert Medical Software	1/02/06	18,700	18,700	18,700	0	0	0
205	Expansion of CCTV System	4/02/07	9,944	9,944	5,469	1,989	1,989	0
206	Diamond Glass	4/18/07	2,140	2,140	815	306	306	0
207	TV	3/30/07	1,449	1,449	797	290	290	0
208	Mr Hook-it-Up Mount	4/13/07	699	699	384	140	140	0
209	CNSG	4/18/07	1,001	1,001	534	200	200	0
210	First Choice - SAGE	9/30/07	3,685	3,685	1,658	737	737	0
211	TBA - Mobile Carriage Track and Shelving	9/17/07	3,317	3,317	1,493	663	663	0
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066	1,066	480	213	213	0
213	Orange Signs	9/30/07	4,328	4,328	1,391	619	619	0
214	Donated Medical Equipment	12/31/07	22,200	22,200	8,880	4,440	4,440	0
215	Surgical Equipment - January - AB Services	4/15/07	41,063	41,063	22,585	8,212	8,212	0
216	Studio 3 Designs	5/01/07	6,774	6,774	2,581	967	967	0
217	Dave's Lock & Key	5/10/07	904	904	62	23	60	37
218	Ferran Services	5/14/07	1,029	1,029	70	27	69	42
219	Sonographic Machine	6/30/07	15,000	15,000	5,357	2,143	2,143	0
221	Surgical Equipment - February	2/28/07	18,447	18,447	7,467	2,635	2,635	0
222	Surgical Equipment	5/30/07	24,423	24,423	9,013	3,490	3,490	0
223	POWER SOURCE	3/04/08	2,750	2,750	1,008	550	550	0
224	SNAP SERVER	4/04/08	2,850	2,850	998	570	570	0
225	DELL LAPTOP	5/31/08	1,750	1,750	554	350	350	0
226	VACUUM ASP	6/11/08	552	552	175	110	110	0
228	SERVER	7/28/08	6,166	6,166	1,747	1,233	1,233	0
229	16 PORT STATION CARD	8/04/08	1,090	1,090	309	218	218	0
230	LEEP MACHINE	9/30/08	4,502	4,502	804	643	643	0
232	COMPUTERS - 6 TOTAL	11/05/08	4,446	4,446	1,037	890	890	0
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801	2,801	800	400	400	0
234	ORANGE SIGN	4/03/08	3,463	3,463	404	231	231	0
235	ORANGE SIGN - FINAL 10	6/25/08	866	866	87	57	57	0
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800	6,800	2,153	1,360	1,360	0
238	Flooring Installed - West Clinic	8/06/09	7,571	7,571	210	505	505	0
239	Build-Out - West Clinic	5/13/09	5,728	5,728	255	381	381	0
240	500 GB Sata Hard Drive for Server	1/19/09	1,899	1,899	348	380	380	0
241	Server Rack	1/14/09	1,039	1,039	208	208	208	0
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035	1,035	474	518	518	0
243	Bullet Proof Window Tinting	9/24/09	1,000	1,000	36	143	143	0

59-3092996

State Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
244	Replacement Waiting Room Window	11/30/09	2,500	2,500	30	357	357	0
245	Dell Smart-UPS Mountable Rack and Instal	2/04/09	23,093	23,093	4,234	4,618	4,618	0
246	3 Dell Computers	5/08/09	1,860	1,860	248	372	372	0
247	Firewall for Computers	4/15/09	947	947	237	315	315	0
248	48 Port Switch and Installation - West Clinic	3/31/09	4,251	4,251	638	850	850	0
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520	1,520	90	218	218	0
250	Ultrasound Machine from Boca Clinic - We	4/01/09	5,000	5,000	536	714	714	0
251	Ultrasound Probe from Boca Clinic - West C	4/01/09	4,000	4,000	429	571	571	0
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268	2,268	416	453	453	0
253	2 DELL Precision T3400 Convertible Mini	5/08/09	1,462	1,462	195	292	292	0
254	256 MB Security Gateway 20 Port Mini-PII	7/15/09	947	947	95	189	189	0
255	10 Bierer Forcepts	5/20/09	1,422	1,422	119	203	203	0
256	Telephone System Software	3/04/09	1,420	1,420	394	474	474	0
257	Access Software	5/28/09	650	650	126	217	217	0
258	Compass Software	5/18/09	962	962	187	321	321	0
259	Pharmacy Door Access Panel	8/12/09	1,974	1,974	118	282	282	0
260	Sharp MX-2300N Copier	11/24/09	9,595	9,595	114	1,371	1,371	0
261	Sharp MX-M700N Copier	11/24/09	19,190	19,190	228	2,742	2,742	0
262	Software-Tech Soup	10/08/10	2,442	2,442	0	204	204	0
263	Dell Latitude E5500=Carol	5/16/10	1,078	1,078	0	90	90	0
264	Dell Latitude E5500-Sue	5/16/10	1,078	1,078	0	90	90	0
265	Software-Tech Soup/Microsoft	9/30/10	58,015	58,015	0	4,835	4,835	0
266	48 Port Switch and Installation	12/31/10	3,043	3,043	0	0	0	0
Total Other Depreciation			555,574	536,236	131,780	55,775	55,854	79
Total ACRS and Other Depreciation			555,574	536,236	131,780	55,775	55,854	79
Amortization:								
125	Software - Windows Licenses	6/30/04	704	704	704	0	0	0
165	Practice Expert Software	6/01/05	17,500	17,500	17,500	0	0	0
166	Metasoft Software	6/01/05	3,595	3,595	3,295	300	300	0
177	Closing Costs - Suntrust Loan	3/15/05	8,195	8,195	2,641	546	546	0
227	PRACTICE ONE - ADDTION	6/25/08	10,150	10,150	3,214	2,030	2,030	0
231	PRACTICE ONE - ADDTION II	9/30/08	2,988	2,988	797	597	597	0
237	Loan Cost for LOC	12/23/08	7,010	7,010	7,010	0	0	0
			50,142	50,142	35,161	3,473	3,473	0
Grand Totals			2,350,861	2,329,598	532,191	117,683	122,794	5,111
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			2,350,861	2,329,598	532,191	117,683	122,794	5,111

59-3092996

Bonus Depreciation Report

FYE: 12/31/2010

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
88	2 exam tables	5/30/02	1,772		0	0	532	1,240
89	Shredder	6/21/02	90		0	0	27	63
91	Microscope	6/21/02	530		0	0	159	371
92	Lab supplies	6/21/02	125		0	0	37	88
93	Autoclave	6/22/02	1,750		0	0	525	1,225
94	Utility cart	6/24/02	138		0	0	41	97
95	Speculums, cart, forceps	6/24/02	972		0	0	291	681
97	2 Rolling stools	6/25/02	70		0	0	21	49
98	Speculums	6/26/02	106		0	0	32	74
99	Cabinet	7/11/02	60		0	0	18	42
102	Plastic filing cabinets	8/16/02	67		0	0	20	47
103	Speculum	8/16/02	274		0	0	82	192
104	Speculums & IV set	8/16/02	178		0	0	53	125
107	2 Metal cabinets	8/27/02	290		0	0	87	203
Form 990, Page 1			<u>6,422</u>		<u>0</u>	<u>0</u>	<u>1,925</u>	<u>4,497</u>
Grand Total			<u>6,422</u>		<u>0</u>	<u>0</u>	<u>1,925</u>	<u>4,497</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
88	2 exam tables	5/30/02	1,772	0	0
89	Shredder	6/21/02	90	0	0
91	Microscope	6/21/02	530	0	0
92	Lab supplies	6/21/02	125	0	0
93	Autoclave	6/22/02	1,750	0	0
94	Utility cart	6/24/02	138	0	0
95	Speculums, cart, forceps	6/24/02	972	0	0
97	2 Rolling stools	6/25/02	70	0	0
98	Speculums	6/26/02	106	0	0
99	Cabinet	7/11/02	60	0	0
102	Plastic filing cabinets	8/16/02	67	0	0
103	Speculum	8/16/02	274	0	0
104	Speculums & IV set	8/16/02	178	0	0
107	2 Metal cabinets	8/27/02	290	0	0
112	Bldg - 726 S Tampa	6/01/05	450,000	11,539	0
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041	335	0
123	Modular Office Units	6/01/05	15,564	1,389	0
126	New Server & Rack Computers	6/01/05	21,208	0	0
127	Chart Storage System	6/01/05	2,550	227	0
128	Building Renovation	6/01/05	107,573	2,759	0
129	Construction Period Taxes	6/01/05	24,696	633	0
130	Building Renovation	6/01/05	716,246	18,366	0
131	Smartwatch Security System	6/01/05	19,515	1,301	0
132	Chart Storage System	6/01/05	10,265	916	0
133	Computer Cable Runs	6/01/05	10,023	0	0
134	Bellsouth T-1 Line	6/01/05	3,515	0	0
135	Plasma TV for Waiting Room	6/01/05	3,500	0	0
136	Overhead Projector	6/01/05	999	89	0
137	Land Survey	6/01/05	900	23	0
138	Workspaces Mod Furniture	6/01/05	60,169	5,370	0
139	Computer	6/01/05	1,441	0	0
140	Computer	6/01/05	1,441	0	0
141	Computer	6/01/05	1,441	0	0
142	Computer	6/01/05	1,441	0	0
143	Computer	6/01/05	1,441	0	0
144	Computer	6/01/05	1,441	0	0
145	Laptop computer	6/01/05	1,589	0	0
146	HP Laserjet Printer	6/01/05	403	0	0
147	Computer installation	6/01/05	3,753	0	0
148	DSI Design Services	6/01/05	140	3	0
149	Upholstered Benches	6/01/05	1,500	134	0
150	Window Blinds	6/01/05	1,540	137	0
151	Irrigation & Sentricon	6/01/05	3,201	0	0
152	Studio 3 Design Services	6/01/05	853	22	0
153	City Color Graphics	6/01/05	7,318	0	0
155	Exam Room Lights & Furniture	6/01/05	6,157	550	0
156	IPX-500 Phone System Relocaton	6/01/05	1,178	105	0
157	Mobiles	6/01/05	500	45	0
158	Exterior Signage	6/01/05	4,723	121	0
159	Wall Graphics	6/01/05	1,200	0	0
160	Fencing	6/01/05	2,340	156	0
161	Painting - Rothfork	6/01/05	1,000	89	0
162	Legal Fees re Building	6/01/05	2,605	67	0
163	Lobby Carpet	6/01/05	2,453	0	0
164	Lobby Glass	6/01/05	800	54	0
167	Construction Period Utilities	6/01/05	2,435	62	0
168	Autoclave - ES	1/19/05	1,967	0	0
169	Computer - Card Access System	6/01/05	1,449	0	0
170	Entry Mats	6/01/05	824	0	0
171	Lab Refrigerator	7/06/05	359	0	0
172	Literature Holders	7/31/05	558	0	0
173	Interior Design Services	6/01/05	40,000	1,025	0
174	Furniture	6/01/05	4,527	404	0
175	Amex charges re Building	6/01/05	1,256	33	0
178	Fence	10/27/06	1,813	121	0
181	FCC	5/01/06	10,000	887	0
182	Laptop	9/30/06	1,817	128	0

59-3092996

Future Depreciation Report**FYE: 12/31/11**

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
183	Physician Equipment	10/07/06	607	53	0
184	Communication Equipment	10/17/06	7,737	675	0
185	Chairs	2/15/06	1,304	114	0
186	Diamond Glass	11/15/06	1,200	80	0
187	Suction Machine	10/31/06	400	35	0
188	Magnaclave	11/01/06	4,000	349	0
189	WelchAllyn PB Monitor	12/31/06	2,201	192	0
190	Surgical Tools	11/10/06	409	36	0
191	Hemocue Machine	11/22/06	600	52	0
192	Hemocue Machine	11/22/06	600	52	0
193	Recovery room chairs	11/30/06	3,498	305	0
194	Rh view box	11/30/06	506	44	0
195	Surgical Equipment	12/01/06	1,881	164	0
196	Defibrillator	12/12/06	1,500	131	0
197	Dialator Set Pratt	12/13/06	350	30	0
198	Surgical Tools	12/15/06	176	15	0
199	Surgical Supplies	12/15/06	1,584	139	0
200	Surgical Cabinets	12/15/06	7,120	621	0
201	Waiting room seats	12/15/06	6,774	591	0
202	Surgical Instruments	12/28/06	400	35	0
203	AB crash cart	12/31/06	187	16	0
204	AB freezer POC	12/31/06	221	19	0
			<u>1,628,345</u>	<u>50,838</u>	<u>0</u>

Other Depreciation:

33	Microscope	7/21/94	852	0	0
56	Colposcope	5/27/98	1,600	0	0
57	Cryosurgical Freezer	8/27/98	1,004	0	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494	0	0
109	Babies (60)	12/31/03	15,000	0	0
111	Equipment - Eastside	3/07/03	4,338	0	0
113	Land-726 S Tampa	9/25/03	150,000	0	0
124	Phone System	6/01/05	1,092	156	0
179	Practice Xpert Medical Software	1/02/06	18,700	0	0
205	Expansion of CCTV System	4/02/07	9,944	1,988	0
206	Diamond Glass	4/18/07	2,140	306	0
207	TV	3/30/07	1,449	290	0
208	Mr Hook-it-Up Mount	4/13/07	699	140	0
209	CNSG	4/18/07	1,001	200	0
210	First Choice - SAGE	9/30/07	3,685	737	0
211	TBA - Mobile Carriage Track and Shelving	9/17/07	3,317	663	0
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066	213	0
213	Orange Signs	9/30/07	4,328	618	0
214	Donated Medical Equipment	12/31/07	22,200	4,440	0
215	Surgical Equipment - January - AB Services	4/15/07	41,063	8,213	0
216	Studio 3 Designs	5/01/07	6,774	968	0
217	Dave's Lock & Key	5/10/07	904	60	0
218	Ferran Services	5/14/07	1,029	68	0
219	Sonographic Machine	6/30/07	15,000	2,143	0
220	Build-out - Donated Office Space	6/30/07	118,000	7,867	0
221	Surgical Equipment - February	2/28/07	18,447	2,635	0
222	Surgical Equipment	5/30/07	24,423	3,489	0
223	POWER SOURCE	3/04/08	2,750	550	0
224	SNAP SERVER	4/04/08	2,850	570	0
225	DELL LAPTOP	5/31/08	1,750	350	0
226	VACUUM ASP	6/11/08	552	110	0
228	SERVER	7/28/08	6,166	1,234	0
229	16 PORT STATION CARD	8/04/08	1,090	218	0
230	LEEP MACHINE	9/30/08	4,502	643	0
232	COMPUTERS - 6 TOTAL	11/05/08	4,446	889	0
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801	400	0
234	ORANGE SIGN	4/03/08	3,463	231	0
235	ORANGE SIGN - FINAL 10	6/25/08	866	58	0
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800	1,360	0
238	Flooring Installed - West Clinic	8/06/09	7,571	505	0
239	Build-Out - West Clinic	5/13/09	5,728	382	0
240	500 GB Sata Hard Drive for Server	1/19/09	1,899	380	0
241	Server Rack	1/14/09	1,039	208	0

Asset	Description	Date In Service	Cost	Tax	AMT
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035	43	0
243	Bullet Proof Window Tinting	9/24/09	1,000	142	0
244	Replacement Waiting Room Window	11/30/09	2,500	357	0
245	Dell Smart-UPS Mountable Rack and Installatio	2/04/09	23,093	4,619	0
246	3 Dell Computers	5/08/09	1,860	372	0
247	Firewall for Computers	4/15/09	947	316	0
248	48 Port Switch and Installation - West Clinic	3/31/09	4,251	850	0
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520	217	0
250	Ultrasound Machine from Boca Clinic - West Cl	4/01/09	5,000	714	0
251	Ultrasound Probe from Boca Clinic - West Clin	4/01/09	4,000	571	0
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268	454	0
253	2 DELL Precision T3400 Convertible Mini Tow	5/08/09	1,462	293	0
254	256 MB Security Gateway 20 Port Mini-PIM	7/15/09	947	189	0
255	10 Bierer Forcepts	5/20/09	1,422	203	0
256	Telephone System Software	3/04/09	1,420	473	0
257	Access Software	5/28/09	650	217	0
258	Compass Software	5/18/09	962	320	0
259	Pharmacy Door Access Panel	8/12/09	1,974	282	0
260	Sharp MX-2300N Copier	11/24/09	9,595	1,371	0
261	Sharp MX-M700N Copier	11/24/09	19,190	2,741	0
262	Software-Tech Soup	10/08/10	2,442	814	0
263	Dell Latitude E5500=Carol	5/16/10	1,078	154	0
264	Dell Latitude E5500-Sue	5/16/10	1,078	154	0
265	Software-Tech Soup/Microsoft	9/30/10	58,015	19,338	0
266	48 Port Switch and Installation	12/31/10	3,043	435	0
Total Other Depreciation			673,574	78,921	0
Total ACRS and Other Depreciation			673,574	78,921	0

Amortization:

125	Software - Windows Licenses	6/30/04	704	0	0
165	Practice Expert Software	6/01/05	17,500	0	0
166	Metasoft Software	6/01/05	3,595	0	0
177	Closing Costs - Suntrust Loan	3/15/05	8,195	546	0
227	PRACTICE ONE - ADDTION	6/25/08	10,150	2,030	0
231	PRACTICE ONE - ADDTION II	9/30/08	2,988	598	0
237	Loan Cost for LOC	12/23/08	7,010	0	0
			50,142	3,174	0
Grand Totals			2,352,061	132,933	0

Asset	Description	Date In Service	Cost	State
Prior MACRS:				
88	2 exam tables	5/30/02	1,772	0
89	Shredder	6/21/02	90	0
91	Microscope	6/21/02	530	0
92	Lab supplies	6/21/02	125	0
93	Autoclave	6/22/02	1,750	0
94	Utility cart	6/24/02	138	0
95	Speculums, cart, forceps	6/24/02	972	0
97	2 Rolling stools	6/25/02	70	0
98	Speculums	6/26/02	106	0
99	Cabinet	7/11/02	60	0
102	Plastic filing cabinets	8/16/02	67	0
103	Speculum	8/16/02	274	0
104	Speculums & IV set	8/16/02	178	0
107	2 Metal cabinets	8/27/02	290	0
112	Bldg - 726 S Tampa	6/01/05	450,000	11,539
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041	335
123	Modular Office Units	6/01/05	15,564	1,389
126	New Server & Rack Computers	6/01/05	21,208	0
127	Chart Storage System	6/01/05	2,550	227
128	Building Renovation	6/01/05	107,573	2,759
129	Construction Period Taxes	6/01/05	24,696	633
130	Building Renovation	6/01/05	716,246	18,366
131	Smartwatch Security System	6/01/05	19,515	1,301
132	Chart Storage System	6/01/05	10,265	916
133	Computer Cable Runs	6/01/05	10,023	0
134	Bellsouth T-1 Line	6/01/05	3,515	0
135	Plasma TV for Waiting Room	6/01/05	3,500	0
136	Overhead Projector	6/01/05	999	89
137	Land Survey	6/01/05	900	23
138	Workspaces Mod Furniture	6/01/05	60,169	5,370
139	Computer	6/01/05	1,441	0
140	Computer	6/01/05	1,441	0
141	Computer	6/01/05	1,441	0
142	Computer	6/01/05	1,441	0
143	Computer	6/01/05	1,441	0
144	Computer	6/01/05	1,441	0
145	Laptop computer	6/01/05	1,589	0
146	HP Laserjet Printer	6/01/05	403	0
147	Computer installation	6/01/05	3,753	0
148	DSI Design Services	6/01/05	140	3
149	Upholstered Benches	6/01/05	1,500	134
150	Window Blinds	6/01/05	1,540	137
151	Irrigation & Sentricon	6/01/05	3,201	0
152	Studio 3 Design Services	6/01/05	853	22
153	City Color Graphics	6/01/05	7,318	0
155	Exam Room Lights & Furniture	6/01/05	6,157	550
156	IPX-500 Phone System Relocation	6/01/05	1,178	105
157	Mobiles	6/01/05	500	45
158	Exterior Signage	6/01/05	4,723	121
159	Wall Graphics	6/01/05	0	0
160	Fencing	6/01/05	2,340	156
161	Painting - Rothfork	6/01/05	1,000	89
162	Legal Fees re' Building	6/01/05	2,605	67
163	Lobby Carpet	6/01/05	2,453	0
164	Lobby Glass	6/01/05	800	54
167	Construction Period Utilities	6/01/05	2,435	62
168	Autoclave - ES	1/19/05	1,967	0
169	Computer - Card Access System	6/01/05	1,449	0
170	Entry Mats	6/01/05	824	0
171	Lab Refrigerator	7/06/05	359	0
172	Literature Holders	7/31/05	558	0
173	Interior Design Services	6/01/05	40,000	1,025
174	Furniture	6/01/05	4,527	404
175	Amex charges re. Building	6/01/05	1,256	33
178	Fence	10/27/06	1,813	46
181	FCC	5/01/06	10,000	887
182	Laptop	9/30/06	1,817	128

Asset	Description	Date In Service	Cost	State
183	Physician Equipment	10/07/06	607	53
184	Communication Equipment	10/17/06	7,737	675
185	Chairs	2/15/06	1,304	114
186	Diamond Glass	11/15/06	1,200	31
187	Suction Machine	10/31/06	400	35
188	Magnaclave	11/01/06	4,000	349
189	WelchAllyn PB Monitor	12/31/06	2,201	192
190	Surgical Tools	11/10/06	409	36
191	Hemocue Machine	11/22/06	600	52
192	Hemocue Machine	11/22/06	600	52
193	Recovery room chairs	11/30/06	3,498	305
194	Rh view box	11/30/06	506	44
195	Surgical Equipment	12/01/06	1,881	164
196	Defibrillator	12/12/06	1,500	131
197	Dialator Set Pratt	12/13/06	350	30
198	Surgical Tools	12/15/06	176	15
199	Surgical Supplies	12/15/06	1,584	139
200	Surgical Cabinets	12/15/06	7,120	621
201	Waiting room seats	12/15/06	6,774	591
202	Surgical Instruments	12/28/06	400	35
203	AB crash cart	12/31/06	187	16
204	AB freezer POC	12/31/06	221	19
			<u>1,627,145</u>	<u>50,714</u>

Other Depreciation:

33	Microscope	7/21/94	852	0
56	Colposcope	5/27/98	1,600	0
57	Cryosurgical Freezer	8/27/98	1,004	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494	0
109	Babies (60)	12/31/03	15,000	0
111	Equipment - Eastside	3/07/03	4,338	0
113	Land-726 S Tampa	9/25/03	150,000	0
124	Phone System	6/01/05	1,092	156
179	Practice Xpert Medical Software	1/02/06	18,700	0
205	Expansion of CCTV System	4/02/07	9,944	1,988
206	Diamond Glass	4/18/07	2,140	306
207	TV	3/30/07	1,449	290
208	Mr. Hook-it-Up Mount	4/13/07	699	140
209	CNSG	4/18/07	1,001	200
210	First Choice - SAGE	9/30/07	3,685	737
211	TBA - Mobile Carriage Track and Shelving	9/17/07	3,317	663
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066	213
213	Orange Signs	9/30/07	4,328	618
214	Donated Medical Equipment	12/31/07	22,200	4,440
215	Surgical Equipment - January - AB Services	4/15/07	41,063	8,213
216	Studio 3 Designs	5/01/07	6,774	968
217	Dave's Lock & Key	5/10/07	904	23
218	Ferran Services	5/14/07	1,029	26
219	Sonographic Machine	6/30/07	15,000	2,143
220	Build-out - Donated Office Space	6/30/07	118,000	3,025
221	Surgical Equipment - February	2/28/07	18,447	2,635
222	Surgical Equipment	5/30/07	24,423	3,489
223	POWER SOURCE	3/04/08	2,750	550
224	SNAP SERVER	4/04/08	2,850	570
225	DELL LAPTOP	5/31/08	1,750	350
226	VACUUM ASP	6/11/08	552	110
228	SERVER	7/28/08	6,166	1,234
229	16 PORT STATION CARD	8/04/08	1,090	218
230	LEEP MACHINE	9/30/08	4,502	643
232	COMPUTERS - 6 TOTAL	11/05/08	4,446	889
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801	400
234	ORANGE SIGN	4/03/08	3,463	231
235	ORANGE SIGN - FINAL 10	6/25/08	866	58
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800	1,360
238	Flooring Installed - West Clinic	8/06/09	7,571	505
239	Build-Out - West Clinic	5/13/09	5,728	382
240	500 GB Sata Hard Drive for Server	1/19/09	1,899	380
241	Server Rack	1/14/09	1,039	208

Asset	Description	Date In Service	Cost	State
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035	43
243	Bullet Proof Window Tinting	9/24/09	1,000	142
244	Replacement Waiting Room Window	11/30/09	2,500	357
245	Dell Smart-UPS Mountable Rack and Installatio	2/04/09	23,093	4,619
246	3 Dell Computers	5/08/09	1,860	372
247	Firewall for Computers	4/15/09	947	316
248	48 Port Switch and Installation - West Clinic	3/31/09	4,251	850
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520	217
250	Ultrasound Machine from Boca Clinic - West Cl	4/01/09	5,000	714
251	Ultrasound Probe from Boca Clinic - West Clin	4/01/09	4,000	571
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268	454
253	2 DELL Precision T3400 Convertible Mini Tow	5/08/09	1,462	293
254	256 MB Security Gateway 20 Port Mini-PIM	7/15/09	947	189
255	10 Bierer Forcepts	5/20/09	1,422	203
256	Telephone System Software	3/04/09	1,420	473
257	Access Software	5/28/09	650	217
258	Compass Software	5/18/09	962	320
259	Pharmacy Door Access Panel	8/12/09	1,974	282
260	Sharp MX-2300N Copier	11/24/09	9,595	1,371
261	Sharp MX-M700N Copier	11/24/09	19,190	2,741
262	Software-Tech Soup	10/08/10	2,442	814
263	Dell Latitude E5500=Carol	5/16/10	1,078	154
264	Dell Latitude E5500-Sue	5/16/10	1,078	154
265	Software-Tech Soup/Microsoft	9/30/10	58,015	19,338
266	48 Port Switch and Installation	12/31/10	3,043	435
Total Other Depreciation			673,574	74,000
Total ACRS and Other Depreciation			673,574	74,000

Amortization:

125	Software - Windows Licenses	6/30/04	704	0
165	Practice Expert Software	6/01/05	17,500	0
166	Metasoft Software	6/01/05	3,595	0
177	Closing Costs - Suntrust Loan	3/15/05	8,195	546
227	PRACTICE ONE - ADDTION	6/25/08	10,150	2,030
231	PRACTICE ONE - ADDTION II	9/30/08	2,988	598
237	Loan Cost for LOC	12/23/08	7,010	0
			50,142	3,174
Grand Totals			2,350,861	127,888

Federal Statements**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST INCOME	\$ 22		14			
TOTAL	\$ <u>22</u>					

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172

2010
 Attachment
 Sequence No **67**

◆ See separate instructions. ◆ Attach to your tax return.

Name(s) shown on return **PLANNED PARENTHOOD OF GREATER ORLANDO, INC.** Identifying number **59-3092996**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	65,656
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	32,382
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	13	32,382

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	63,720

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	55,601
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property		27.5 yrs	MM	S/L	
i	Nonresidential real property		39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	119,321
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25					
26 Property used more than 50% in a qualified business use												
		%										
		%										
27 Property used 50% or less in a qualified business use												
		%					S/L-					
		%					S/L-					
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1										28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1											29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year				43	3,473
44 Total. Add amounts in column (f). See the instructions for where to report				44	3,473

Forms 990 / 990-PF	Other Notes and Loans Receivable	2010
For calendar year 2010, or tax year beginning _____, and ending _____		

Name PLANNED PARENTHOOD OF GREATER ORLANDO, INC.	Employer Identification Number 59-3092996
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FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) EMPLOYEE ADVANCE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	4,899	12,202	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	4,899	12,202	

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2010
For calendar year 2010, or tax year beginning _____, and ending _____		

Name PLANNED PARENTHOOD OF GREATER ORLANDO, INC.	Employer Identification Number 59-3092996
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FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) MORTGAGE LOAN	
(2) LINE OF CREDIT	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 426,844	12/09/06	06/09/15		7.670
(2) 78,000	11/09/08	11/09/14		5.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) LAND AND REAL PROPERTY	FINANCE FOR THE REAL PROPERTY
(2) LAND AND REAL PROPERTY	FOR ORGANIZATION'S OPERATION
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	264,557	230,458
(2)	97,000	95,000
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	361,557	325,458

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 529	529	\$	\$
PROFESSIONAL FEES	609	609		
PROFESSIONAL FEES	17,500		17,500	
TOTAL	\$ 18,638	\$ 1,138	\$ 17,500	\$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DEVELOPMENT	\$ 15,000		\$	\$ 15,000
LEASES	4,028	4,028		
MISCELLANEOUS	2,000			2,000
TRAINING	78	78		
TRAINING - EDUCATION	42	42		
TOTAL	\$ 21,148	\$ 4,148	\$ 0	\$ 17,000

Form **8868**
(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/file and click on e-file for Charities & Nonprofits

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

A corporation 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

Type or print File by the due date for filing your return See instructions	Name of exempt organization PLANNED PARENTHOOD OF GREATER ORLANDO, INC.	Employer identification number 59-3092996
	Number, street, and room or suite no. If a P O box, see instructions 726 S. TAMPA AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO FL 32805	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CAROL HENRION
726 S. TAMPA AVE.

- The books are in the care of **ORLANDO** Telephone No ▶ **407-246-1788** FAX No. ▶ **FL 32805**
- 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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

• 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization PLANNED PARENTHOOD OF GREATER ORLANDO, INC.	Employer identification number 59-3092996
	Number, street, and room or suite no. If a P O box, see instructions 726 S. TAMPA AVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ORLANDO FL 32805	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**CAROL HENRION
726 S. TAMPA AVE.**

• The books are in the care of **ORLANDO**

FL 32805

Telephone No **407-246-1788**

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 **11/15/11**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____

6 If the tax year entered in line 5 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 REQUESTED TO GATHER INFORMATION TO PREPARE 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	\$
8b 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	\$
8c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$

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 *James S. Kase, CPA* Title *CPA*

Date **08/04/11**

Form **8868** (Rev 1-2011)