

Return of Organization Exempt From Income Tax

2002

Department of the Treasury
Internal Revenue Service

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

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

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

C Name of organization: **PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, INC.**

D Employer identification number: **59-1274328**

E Telephone number: **(941) 365-3913**

F Accounting method: Cash, Accrual

G Web site: **N/A**

J Organization type: 501(c) (3) (insert no.) 4947(a)(1) or 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **4,362,142.**

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates: **N/A**

H(c) Are all affiliates included? Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN: **N/A**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	617,732.		
	b	Indirect public support	1b	679,839.		
	c	Government contributions (grants)	1c	293,953.		
	d	Total (add lines 1a through 1c) (cash \$ 1,591,524. noncash \$ _____)	1d		1,591,524.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,493,750.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5		27,386.	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	9	Special events and activities (attach schedule)				
		Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	208,624.		
	b	Less direct expenses other than fundraising expenses	9b	101,482.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		107,142.	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
Expenses	11	Other revenue (from Part VII, line 103)	11		40,858.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		4,260,660.	
	13	Program services (from line 44, column (B))	13		3,601,846.	
	14	Management and general (from line 44, column (C))	14		98,585.	
	15	Fundraising (from line 44, column (D))	15		299,707.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		4,000,138.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		260,522.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		4,816,998.	
	20	Other changes in net assets or fund balances (attach explanation)	20		147,575.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5,225,095.	

SCANNED OCT 23 '03

RECEIVED
OCT 23 2003
1053
OGDEN, UT

SEE STATEMENT 1

SEE STATEMENT 2

603
8

**PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA, INC.**

59-1274328

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
cash \$ _____ noncash \$ _____	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	1,683,278.	1,466,715.	54,257.	162,306.
27 Pension plan contributions	27	78,573.	67,266.	2,820.	8,487.
28 Other employee benefits	28	179,935.	159,669.	5,003.	15,263.
29 Payroll taxes	29	122,889.	107,726.	3,773.	11,390.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	347,669.	313,584.	9,239.	24,846.
37 Equipment rental and maintenance	37	40,041.	36,493.	1,008.	2,540.
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	198,539.	178,181.	4,783.	15,575.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	116,355.	104,211.	3,512.	8,632.
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 3	43e	1,232,859.	1,168,001.	14,190.	50,668.
44 <small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15</small>	44	4,000,138.	3,601,846.	98,585.	299,707.

Joint Costs Check if you are following SOP 98 2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? FAMILY PLANNING SERVICES	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)</small>
a CLINICAL SERVICES: FAMILY PLANNING MEDICAL SERVICES; TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES; BIRTH CONTROL OPTIONS; HIV TESTING & COUNSELING. 18,000 PATIENTS SERVED THROUGH 6 HEALTH CENTERS. (Grants and allocations \$ _____)	2,815,099.
b COMMUNITY EDUCATION: AGE-APPROPRIATE, MEDICALLY ACCURATE INFORMATION ON REPRODUCTIVE HEALTH CARE & PREGNANCY & DISEASE PREVENTION TO MORE THAN 33,000 EDUCATION CONTACTS YOUNG PEOPLE, PARENTS, EDUCATORS. (Grants and allocations \$ _____)	581,019.
c PUBLIC AFFAIRS: ADVOCACY PRIMARILY THROUGH VOLUNTEER COORDINATED EFFORTS TO PROMOTE FAMILY PLANNING SVCS & ADVOCATE FOR REPRODUCTIVE HEALTH CARE & EDUCATION. (Grants and allocations \$ _____)	205,728.
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) STATEMENT 4 (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,601,846.

PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA, INC.

Form 990 (2002)

59-1274328

Page 3

Part IV Balance Sheets

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash non-interest-bearing		45	603,630.
	46	Savings and temporary cash investments	2,342,156.	46	3,595,905.
	47 a	Accounts receivable	47a 100,535.		
	b	Less allowance for doubtful accounts	47b	98,290.	47c 100,535.
	48 a	Pledges receivable	48a 213,108.		
	b	Less allowance for doubtful accounts	48b	419,028.	48c 213,108.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use		78,321.	52 95,559.
	53	Prepaid expenses and deferred charges		79,709.	53 97,286.
	54	Investments - securities			54
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b		55c
56	Investments - other			56	
57 a	Land, buildings, and equipment basis	57a 1,582,585.			
b	Less accumulated depreciation STMT 5	57b 804,561.	724,530.	57c 748,024.	
58	Other assets (describe SEE STATEMENT 6)		1,301,300.	58 0.	
59	Total assets (add lines 45 through 58) (must equal line 74)		5,043,334.	59 5,454,047.	
Liabilities	60	Accounts payable and accrued expenses	226,211.	60	227,952.
	61	Grants payable		61	
	62	Deferred revenue	125.	62	1,000.
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)		226,336.	66 228,952.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	4,192,281.	67	4,095,750.
	68	Temporarily restricted	215,275.	68	720,347.
	69	Permanently restricted	409,442.	69	408,998.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		4,816,998.	73 5,225,095.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		5,043,334.	74 5,454,047.	

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

**PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA, INC.**

Form 990 (2002)

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a 4,509,717.
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$ 147,575.	
(2) Donated services and use of facilities \$ _____	
(3) Recoveries of prior year grants \$ _____	
(4) Other (specify) <u>STMT 7</u> \$ 101,482.	
Add amounts on lines (1) through (4)	▶ b 249,057.
c Line a minus line b	▶ c 4,260,660.
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	▶ d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e 4,260,660.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	▶ a 4,101,620.
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$ _____	
(2) Prior year adjustments reported on line 20, Form 990 \$ _____	
(3) Losses reported on line 20, Form 990 \$ _____	
(4) Other (specify) <u>STMT 8</u> \$ 101,482.	
Add amounts on lines (1) through (4)	▶ b 101,482.
c Line a minus line b	▶ c 4,000,138.
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$ _____	
(2) Other (specify) \$ _____	
Add amounts on lines (1) and (2)	▶ d 0.
e Total expenses per line 17, Form 990 (line c plus line d)	▶ e 4,000,138.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED SCHEDULE</u>				
-----		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No Form 990 (2002)

**PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA, INC.**

Form 990 (2002)

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year N/A	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> FLORIDA	90b	52
b	Number of employees employed in the pay period that includes March 12, 2002		
91	The books are in care of <input type="checkbox"/> CORPORATION Telephone no <input type="checkbox"/> 941-365-3913		
	Located at <input type="checkbox"/> SAME ZIP + 4 <input type="checkbox"/> 34239		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year 92 N/A		

**PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA, INC.**

Form 990 (2002)

59-1274328

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PATIENT FEES					2,493,750.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	27,386.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					107,142.
102 Gross profit or (loss) from sales of inventory	422000				
103 Other revenue					
a MISCELLANEOUS					40,858.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		27,386.	2,641,750.
105 Total (add line 104, columns (B), (D), and (E))					2,669,136.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEES FOR PLANNING SERVICES - PART OF EXEMPT FUNCTION
103A	REIMBURSEMENT OF EXPENSES AND SALES OF ITEMS RELATED TO OUR EXEMPT FUNCTION

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 10/8/03 Type or print name and title: JAWL CHESTER / VICE PRESIDENT

Preparer's signature: *[Signature]* Date: SEP 26 2003 Check if self-employed: Preparer's SSN or PTIN: 312-54-5689

Firm's name (or yours if self-employed), address and ZIP + 4: CAVANAUGH & CO. LLP, 2381 FRUITVILLE ROAD, SARASOTA, FLORIDA 34237

EIN: 59-1954606 Phone no: (941) 366-2983

223101
01-22-03

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA. INC.** Employer identification number **59 1274328**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>BARBARA ZDRAVECKY</u>	EXEC DIRECTOR 40	102,761.	7,130.	
<u>JAN CHESTER</u>	C O O 40	71,388.	4,744.	
<u>ALISA J. MITCHELL</u>	SR DEV OFFICE 40	53,421.	3,951.	
<u>LYNNE A. RANDALL</u>	CAPS PROGRAM 40	80,899.	5,850.	
<u>KATHIE MOREAU</u>	ADVANCED R.N. 40	59,542.	281.	
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

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

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ <u>6,750.</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

PLANNED PARENTHOOD OF SOUTHWEST

Schedule A (Form 990 or 990-EZ) 2002 **AND CENTRAL FLORIDA, INC.**

59-1274328 Page 3

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

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,624,685.	1,423,554.	1,007,264.	1,120,528.	7,176,031.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,181,065.	1,886,196.	1,549,205.	1,357,235.	6,973,701.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,381.		28,926.	41,440.	96,747.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	41,607.	23,148.	SEE STATEMENT 9 16,320.	1,858.	82,933.
23 Total of lines 15 through 22	5,873,738.	3,332,898.	2,601,715.	2,521,061.	14,329,412.
24 Line 23 minus line 17	3,692,673.	1,446,702.	1,052,510.	1,163,826.	7,355,711.
25 Enter 1% of line 23	58,737.	33,329.	26,017.	25,211.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 147,114.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 2,868,929.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,355,711.
d Add Amounts from column (e) for lines 18 96,747. 19 22 82,933. 26b 2,868,929.					26d 3,048,609.
e Public support (line 26c minus line 26d total)					26e 4,307,102.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.5545%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					NONE

PLANNED PARENTHOOD OF SOUTHWEST

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

N/A

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

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

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

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

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

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

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1,000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175,000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1,500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1,000 000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500 000	20% of the amount on line 40	Over \$500 000 but not over \$1,000 000	\$100 000 plus 15% of the excess over \$500 000	Over \$1 000 000 but not over \$1 500 000	\$175,000 plus 10% of the excess over \$1 000 000	Over \$1,500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	Over \$17 000 000	\$1,000 000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500 000	20% of the amount on line 40														
Over \$500 000 but not over \$1,000 000	\$100 000 plus 15% of the excess over \$500 000														
Over \$1 000 000 but not over \$1 500 000	\$175,000 plus 10% of the excess over \$1 000 000														
Over \$1,500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000														
Over \$17 000 000	\$1,000 000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		6,750.
i Total lobbying expenditures (Add lines c through h)			6,750.

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

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

Exempt Organizations (See page 12 of the instructions)

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

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

(i) Cash

(ii) Other assets

b Other transactions

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

(ii) Purchases of assets from a noncharitable exempt organization

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

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND		IL			68,318.			68,318.			0.
2	BUILDINGS			.000	16	523,039.			523,039.	17,945.		0.
3	FURNITURE AND EQUIPMENT			.000	16	684,802.			684,802.	62,716.		0.
4	LEASEHOLD IMPROVEMENTS			.000	16	235,871.			235,871.	1,667.		0.
5	STAMPA			.000	16	25,000.			25,000.	4,796.		0.
6	AUTOMOBILES			.000	16	45,555.			45,555.	18,955.		0.
	* TOTAL 990 PAGE 2 DEPR					1582585.		0.	1582585.	106,079.	0.	0.

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPECIAL EVENTS	208,624.		208,624.	101,482.	107,142.	
TO FM 990, PART I, LINE 9	208,624.		208,624.	101,482.	107,142.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION			AMOUNT
UNREALIZED GAIN ON INVESTMENTS			147,575.
TOTAL TO FORM 990, PART I, LINE 20			147,575.

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
ADVERTISING	112,286.	112,286.				
EDUCATIONAL SERVICES	45,829.	45,829.				
CONTRACT FEES	305,802.	305,620.	182.			
MEDICAL SERVICES	414,286.	414,286.				
INSURANCE	59,418.	58,130.	574.	714.		
OTHER	69,451.	58,080.	3,049.	8,322.		
OFFICE	111,410.	73,153.	2,978.	35,279.		
PROFESSIONAL FEES	57,863.	50,480.	5,732.	1,651.		
FEES MEMBERSHIPS	56,514.	50,137.	1,675.	4,702.		
TOTAL TO FM 990, LN 43	1,232,859.	1,168,001.	14,190.	50,668.		

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
SERVICES ARE OFFERED TO CHARLOTTE, CITRUS, DESOTO, HARDEE, HERNANDO, HIGHLANDS, HILLSBOROUGH, LAKE, LEE, MANATEE, PASCO, PINELLAS, POLK, SARASOTA AND SUMTER COUNTIES			
TOTAL TO FORM 990, PART III, LINE E			

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	68,318.	0.	68,318.
BUILDINGS	523,039.	17,945.	505,094.
FURNITURE AND EQUIPMENT	684,802.	62,716.	622,086.
LEASHOLD IMPROVEMENTS	235,871.	1,667.	234,204.
TAMPA	25,000.	4,796.	20,204.
AUTOMOBILES	45,555.	18,955.	26,600.
TOTAL TO FORM 990, PART IV, LN 57	1,582,585.	106,079.	1,476,506.

FORM 990	OTHER ASSETS	STATEMENT	6
DESCRIPTION		AMOUNT	
PLANNED GIVING PROPERTY AVAILABLE FOR SALE		0.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		0.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTION	AMOUNT
COST OF SPECIAL EVENTS	101,482.
TOTAL TO FORM 990, PART IV-A	101,482.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
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DESCRIPTION	AMOUNT
COST OF SPECIAL EVENTS/SALES	101,482.
TOTAL TO FORM 990, PART IV-B	101,482.

SCHEDULE A	OTHER INCOME	STATEMENT	9
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DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	41,607.	23,148.	16,320.	1,858.
TOTAL TO SCHEDULE A, LINE 22	41,607.	23,148.	16,320.	1,858.

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B STATEMENT 10

PORTION OF DUES PAID TO FLORIDA ALLIANCE OF PLANNED PARENTHOOD AFFILIATES
INDICATED AS LOBBYING BY THAT ORGANIZATION.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA, INC.**

FORM 990 PAGE 2

59-1274328

Part I Election To Expense Certain Tangible Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter 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	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

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)

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 (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	

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 2002	17	
18	If you are electing under section 168(i)(4) 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 2002 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	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2002 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 instr	22	0.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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 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							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		
		%				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		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	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

	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 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? 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 2002 tax year					
43 Amortization of costs that began before your 2002 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44

Board of Directors 2002 - 2003

Board Member	Address	Contact Numbers	Affiliation	County
Mr Walt Cannon <i>Chair</i> <i>Budget & Finance Committee</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Various Sarasota Community Boards Former VP AT&T Former writer, editor for Associated Press	Sarasota
Ms Wendy Cudzilo <i>First Vice Chair</i> <i>Budget & Finance Committee</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	First Union Bank Trust Officer	Sarasota
Dr LeClair Bissell	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Retired Physician	Lee
Ms Barbara Cutler	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Retired Political Activist & Guardian ad litem	Sarasota
Ms Carol Daniels <i>Budget & Finance Committee</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Community Activist Phone Numbers to use during weekdays 239-454-0485 (phone) 239-454-0483 (fax)	Lee
Ms Adrienne Garcia	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Consultant for Lawton & Rhea Chiles Center for Healthy Mothers & Babies	Hillsborough
Ms Julie Goodwill	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	School of Public Administration Development Practicum - Volunteer Work	Hillsborough
Mr David Gorton	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Former CEO, Tower Engineering Community Activist	Sarasota
Ms Karin Grablin <i>Budget & Finance Committee</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	CPA Community Activist	Manatee
Mr Gary Hickerson <i>Treasurer</i> <i>Budget & Finance Committee</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Director of Operations Business Development Sarasota Memorial Hospital	Manatee
Dr Washington Hill	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Director - Maternal/Fetal Health Prenatal Center Sarasota Memorial Hospital Senior Clinical Researcher	Sarasota
Ms Anita Van Tassel Holec	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Community Activist Founding member of High Tea	Sarasota
Ms Ann Baranco Lee <i>Secretary</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Consultant Pharmaceutical Romac, Inc	Pinellas
Ms Marilyn Myerson <i>Budget & Finance Committee</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Associate Dean, College of Arts and Sciences, USF, Tampa	Hillsborough
Ms Maria Saterbo	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Interior Decorator/Consultant	Polk
Ms Sheryll Strang <i>Board Development - Vice Chair</i>	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Community Activist	Polk
Mr John Strickland	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Partner, Livingston, Patterson Strickland & Weiner	Sarasota
Ms. Nancy Turner	PPSWCF Affiliate Headquarters 2055 Wood St., Ste 110 Sarasota, FL 34237	Office 941 365 3913 Fax 941 957 1050	Community Activist	Sarasota