

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2006

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 2006 calendar year, or tax year beginning 07-01-2006 and ending 06-30-2007

- 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. Number and street: 2055 WOOD ST 110. City or town: SARASOTA, FL 34237

D Employer identification number: 59-1274328. E Telephone number: (941) 365-3913. F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: httpwwwplannedparenthoodorgppswcf

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 8,970,310

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Rental income, Special events, and Total revenue/expenses.

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 (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	355,868	151,942	76,698	127,228
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b and c	2,289,377	2,098,047	75,923	115,407
27	Pension plan contributions not included on lines 25a, b and c	106,747	100,423	2,402	3,922
28	Employee benefits not included on lines 25a - 27	273,830	244,855	11,061	17,914
29	Payroll taxes	190,923	163,239	10,310	17,374
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	8,766	8,381	119	266
33	Supplies	48,135	46,019	652	1,464
34	Telephone	115,993	104,875	4,124	6,994
35	Postage and shipping	31,402	30,021	426	955
36	Occupancy	375,453	339,467	13,348	22,638
37	Equipment rental and maintenance	54,181	49,744	1,602	2,835
38	Printing and publications	67,928	64,942	920	2,066
39	Travel				
40	Conferences, conventions, and meetings	355,783	327,347	12,291	16,145
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	127,958	115,944	4,937	7,077
43	Other expenses not covered above (itemize)				
a	See Additional Data Table				
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,644,720	5,989,366	245,003	410,351

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 (See the instructions.)

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

<p>What is the organization's primary exempt purpose? Planned Parenthood of Southwest and Central Florida, Inc , (PPSWCF) is a non-profit family planning organization that helps women, men and teens make responsible choices about their sexual health, by delivering the highest quality reproductive health care services and providing responsible, age-appropriate sexuality education. Protecting a woman's fundamental right to choose is also a major part of this organization's underlying philosophy.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)</p>
<p>a CLINICAL SERVICES FAMILY PLANNING MEDICAL SERVICES, TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED DISEASES, BIRTH CONTROL OPTIONS, HIV TESTING & COUNSELING 24,495 PATIENTS SERVED THROUGH 6 HEALTH CENTERS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>5,106,501</p>
<p>b COMMUNITY EDUCATION AGE-APPROPRIATE, MEDICALLY ACCURATE INFORMATION ON REPRODUCTIVE HEALTH CARE & PREGNANCY & DISEASE PREVENTION TO MORE THAN 31,000 EDUCATION CONTACTS, YOUNG PEOPLE, PARENTS, EDUCATORS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>669,624</p>
<p>c PUBLIC AFFAIRS ADVOCACY PRIMARILY THROUGH VOLUNTEER COOR- DINATED EFFORTS TO PROMOTE FAMILY PLANNING SVCS & ADVOCATE FOR REPRODUCTIVE HEALTH CARE & EDUCATION</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>213,241</p>
<p>d _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) <input type="checkbox"/></p>	<p>5,989,366</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		356,015	45	731,060	
	46 Savings and temporary cash investments			46		
	47a Accounts receivable	47a	195,763			
	b Less allowance for doubtful accounts	47b		41,659	47c	195,763
	48a Pledges receivable	48a	958,812			
	b Less allowance for doubtful accounts	48b		704,040	48c	958,812
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			106,576	53	92,757
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			4,942,027	54a	5,888,984
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)				56		
57a Land, buildings, and equipment basis	57a	3,165,835				
b Less accumulated depreciation (attach schedule)	57b	1,190,625	1,438,218	57c	1,975,210	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			108,884	58	326,169	
59 Total assets (must equal line 74) Add lines 45 through 58			7,697,419	59	10,168,755	
Liabilities	60 Accounts payable and accrued expenses		474,283	60	846,104	
	61 Grants payable			61		
	62 Deferred revenue		182,803	62	21,500	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)				65	
66 Total liabilities Add lines 60 through 65			657,086	66	867,604	
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		4,492,830	67	5,243,044	
	68 Temporarily restricted		2,143,470	68	3,654,074	
	69 Permanently restricted		404,033	69	404,033	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			7,040,333	73	9,301,151	
74 Total liabilities and net assets / fund balances Add lines 66 and 73			7,697,419	74	10,168,755	

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

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, c1-c2, d1-d2). Row a: Total revenue, gains, and other support per audited financial statements. Row b: Amounts included on line a but not on Part I, line 12. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 12, but not on line a. Row e: Total revenue.

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

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, d1-d2). Row a: Total expenses and losses per audited financial statements. Row b: Amounts included on line a but not on Part I, line 17. Row c: Subtract line b from line a. Row d: Amounts included on Part I, line 17, but not on line a. Row e: Total expenses.

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

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (If not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: See Additional Data Table.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a 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?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
89b 501(c)(3) and 501(c)(4) orgs. 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed FL
90b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) 73

91a The books are in care of The Organization Telephone no (941) 365-3913
2055 WOOD ST 110
Located at SARASOTA, FL ZIP + 4 34237

91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

Yes No

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

91c Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PATIENT SERVICE FEES					4,313,428
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	190,578	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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			18	98,351	
101 Net income or (loss) from special events			01	208,689	-34,230
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					5,649
b insurance					48,692
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				497,618	4,333,539
105 Total (add line 104, columns (B), (D), and (E))					4,831,157

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

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

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

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

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

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

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

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

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
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	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
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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	2008-02-15 Date
BARBARA ZDRAVECKY President/CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature STEPHEN D SPANGLER	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CAVANAUGH & CO LLP 2381 FRUITVILLE ROAD SARASOTA, FL 34237			EIN Phone no (941) 366-2983

**SCHEDULE A
(Form 990 or
990EZ)**

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

Department of the
Treasury
Internal Revenue
Service

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
mary ortiz 2055 WOOD ST 110 SARASOTA, FL 34237	director surgical se 40 00	74,925	10,261	413
marilyn anderson 2055 WOOD ST 110 SARASOTA, FL 34237	director of educatio 40 00	59,172	9,937	1,363
MARY FJERSTAD 2055 WOOD ST 110 SARASOTA, FL 34237	CAPS PROGRAM 40 00	88,508	13,287	2,642
LYNNE A RANDALL 2055 WOOD ST 110 SARASOTA, FL 34237	CAPS DIRECTOR 40 00	93,477	12,053	2,477
PAULINE JENKINS 2055 WOOD ST 110 SARASOTA, FL 34237	ARNP 40 00	65,908	9,647	0
Total number of other employees paid over \$50,000	10			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DR PHILLIP WATERMAN 2055 wood street Sarasota, FL 34237	MEDICAL	176,395
DR EDWIN ORTIZ 2055 wood street Sarasota, FL 34237	MEDICAL	92,800
Total number of others receiving over \$50,000 for professional services		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INSITE LLC 2055 wood street Sarasota, FL 34237	owners rep for construction	62,000
Total number of other contractors receiving over \$50,000 for other services		

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include 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>14,775</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	Yes	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d		No
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		No
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

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

Type I Type II Type III - Functionally Integrated Type III - Other

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,344,157	2,297,096	1,220,087	1,591,524	7,452,864
16 Membership fees received					0
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	3,751,584	3,391,816	3,025,396	2,493,750	12,662,546
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	258,156	145,942	86,055	27,386	517,539
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	6,276	9,863	38,497	40,858	95,494
23 Total of lines 15 through 22	6,360,173	5,844,717	4,370,035	4,153,518	20,728,443
24 Line 23 minus line 17	2,608,589	2,452,901	1,344,639	1,659,768	8,065,897
25 Enter 1% of line 23	63,602	58,447	43,700	41,535	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		26b	0
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	

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

(2005) 302,787(2004) 368,206(2003) 456,300(2002) 528,831

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add Amounts from column (e) for lines 15 <u>7,452,864</u> 16 <u>0</u> 17 <u>12,662,546</u> 20 <u>0</u> 21 <u>0</u>		27c	20,115,410
d Add Line 27a total <u>1,656,124</u> and line 27b total _____		27d	1,656,124
e Public support (line 27c total minus line 27d total)		27e	18,459,286
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	20,728,443	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g		8905 29 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h		249 68 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)
(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 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)		
34a	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 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		7,388
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		7,387
38	Total lobbying expenditures (add lines 36 and 37)		14,775
39	Other exempt purpose expenditures		6,717,367
40	Total exempt purpose expenditures (add lines 38 and 39)		6,732,142
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		486,607
42	Grassroots nontaxable amount (enter 25% of line 41)		121,652
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	486,607	5,783,186	4,747,473	4,000,138	15,017,404
46 Lobbying ceiling amount (150% of line 45(e))					22,526,106
47 Total lobbying expenditures	14,775	6,750	6,750	6,750	35,025
48 Grassroots nontaxable amount	121,652	104,562	6,750	6,750	239,714
49 Grassroots ceiling amount (150% of line 48(e))					359,571
50 Grassroots lobbying expenditures	7,388	6,750	6,750	6,750	27,638

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

Yes	No	Amount

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 13 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

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

(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.

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

52a 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

(a) Name of organization	(b) Type of organization	(c) Description of relationship
florida alliance of planned parenthood affiliates	501(c)(4)	AFFILIATE

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2006

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

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.

Table with 5 rows for Part I calculations: 1 Maximum amount, 2 Total cost, 3 Threshold cost, 4 Reduction in limitation, 5 Dollar limitation.

Table with 13 rows for Part II calculations: (a) Description of property, (b) Cost, (c) Elected cost, 7 Listed property, 8 Total elected cost, 9 Tentative deduction, 10 Carryover, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover.

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)

Table with 3 rows for Part II calculations: 14 Special allowance, 15 Property subject to section 168(f)(1) election, 16 Other depreciation.

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

Section A

Table with 2 rows for Part III Section A: 17 MACRS deductions, 18 Grouping assets.

Table with 7 columns: (a) Classification, (b) Month and year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-f 3-25 year properties and h-i residential/nonresidential properties.

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C: 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions)

Table with 3 rows for Part IV Summary: 21 Listed property, 22 Total, 23 Section 263A costs.

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 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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special allowances and business use percentages.

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.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

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).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Additional Data

Software ID:

Software Version:

EIN: 59-1274328

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING	43a	169,968	166,661	1,316	1,991
b EDUCATIONAL SERVICES	43b	18,852	18,115	629	108
c CONTRACT PERSONNEL	43c	651,435	644,831	5,638	966
d MEDICAL SERVICES	43d	833,431	833,431		
e INSURANCE	43e	87,253	85,168	1,090	995
f OTHER	43f	179,805	119,463	7,099	53,243
g PROFESSIONAL SERVICES	43g	274,508	257,304	11,327	5,877
h FEES MEMBERSHIPS	43h	27,124	19,147	3,091	4,886

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
John Strickland 2055 WOOD ST 110 SARASOTA, FL 34237	B O D Chair 2 00	0	0	0
WENDY DURAND 2055 WOOD ST 110 SARASOTA, FL 34237	B O D 1ST VICE CHAIR 2 00	0	0	0
CLARE SEGALL 2055 WOOD ST 110 SARASOTA, FL 34237	B O D 2ND VICE CHAIR 2 00	0	0	0
KARIN GRABLIN 2055 WOOD ST 110 SARASOTA, FL 34237	B O D TREASURER 2 00	0	0	0
WASHINGTON HILL 2055 WOOD ST 110 SARASOTA, FL 34237	B O D SECREATRY 2 00	0	0	0
MALCOLM CANDISH 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
MICHAEL FINAZZO 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
ADRIENNE GARCIA 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
DAVID GORTON 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
ANITA VAN TASSEL HOLEC 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
TAMI JOHNSON 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
DIXIE MYERS 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
MIMI OSIASON 2055 WOOD ST 110 SARASOTA, FL 34237	B O D MEMBER 2 00	0	0	0
ELLEN POAGE 2055 WOOD ST 110 SARASOTA, FL 34237	BOD MEMBER 2 00	0	0	0
SUE REVELL 2055 WOOD ST 110 SARASOTA, FL 34237	BOD MEMBER 2 00	0	0	0
MARIA SATERBO 2055 WOOD ST 110 SARASOTA, FL 34237	BOD MEMBER 2 00	0	0	0
PEGGY SILVERGLEID 2055 WOOD ST 110 SARASOTA, FL 34237	BOD MEMBER 2 00	0	0	0
SHERYLL STRANG 2055 WOOD ST 110 SARASOTA, FL 34237	BOD MEMBER 2 00	0	0	0
NANCY TURNER 2055 WOOD ST 110 SARASOTA, FL 34237	BOD MEMBER 2 00	0	0	0
BARBARA ZDRAVECKY 2055 WOOD ST 110 SARASOTA, FL 34237	PresidentCEO 40 00	141,980	25,548	8,410

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAN CHESTER 2055 WOOD ST 110 SARASOTA, FL 34237	Chief Operations Officer 40 00	91,072	12,654	297
CHERYL GRANTHAM 2055 WOOD ST 110 SARASOTA, FL 34237	Chief Financial Officer 40 00	67,564	7,857	486

TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Gross Sales Price: 98,351

Basis: 0

Sales Expenses: 0

Total (net): 98,351

TY 2006 Land etc. Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	578,732		578,732
BUILDINGS	540,696	273,281	267,415
FURNITURE AND EQUIPMENT	759,018	625,789	133,229
LEASHOLD IMPROVEMENTS	348,924	230,790	118,134
TAMPA	25,000	15,834	9,166
AUTOMOBILES	76,509	44,931	31,578
OTHER	836,956		836,956

TY 2006 Other Assets Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Description	Beginning of Year Amount	End of Year Amount
PROGRAM INVENTORY	108,884	326,169

TY 2006 Other Changes in Net Assets Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	190,341

TY 2006 Other Expenses Included Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Description	Amount
COST OF SPECIAL EVENTS/SALES	167,691

TY 2006 Other Revenues Included Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Description	Amount
COST OF SPECIAL EVENTS	167,691

TY 2006 Payments to Affiliates Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Name	Address	Amount	Purpose
florida association of Planned Parenthood Affiliates	6623 gateway avenue Unit A Sarasota, FL 34231	18,058	florida affiliate dues
florida alliance of planned parenthood affiliates	6623 gateway avenue Unit A sarasota, FL 34231	14,775	florida affiliate dues - advocacy
planned parenthood federation of america	434 w 33rd street new york, NY 10001	54,589	national affiliate dues

TY 2006 Special Events Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ANNUAL DINNER	190,236	0	190,236	84,485	105,751
FT MYERS CYPRESS COVE & CHOICE AFFAIR	37,323	0	37,323	557	36,766
HIGH TEA AT HIGH NOON	74,507	0	74,507	23,173	51,334
SAFE SAXAT SUNSET	38,145	0	38,145	24,010	14,135
OTHER - AUTHORSLECTURES	1,939	0	1,939	1,236	703

TY 2006 Averaging Attachment

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Explanation: ELECTION WAS MADE IN 1978 PER IRS RECORDS. ELECTION HAS
NOT BEEN REVOKED

TY 2006 Other Income Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Description	2003	2002	2001	2000	Total
MISCELLANEOUS	6,276	9,863	38,497	40,858	95,494