Form **990**

Department of the Treasury

Internal Revenue Service

DLN: 93490120001089

OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

A F	or the 2	2007 са	lendar yeaı	r, or tax year beginning	07-01-2007 and ending	g 06-30-2	2008			
ВС	heck if a	pplicable	Please	C Name of organization PLANNED PARENTHOOD O	F SOUTHWEST			D Emp	oloyer i	dentification number
V Ac	ddress ch	nange	use IRS label or	AND CENTRAL FLORIDA IN					1274	
┌ Na	ame cha	nge	print or	Number and street (or P 0 736 CENTRAL AVENUE	box if mail is not delivered t	o street ac	dress) Room/	suite E Tele	phone	number
┌ In	ııtıal retu	rn	type. See Specific	730 CENTRAL AVENUE				(94	1)365	5-3913
	nal retur		Instruc- tions.	City or town, state or cou SARASOTA, FL 34236	ntry, and ZIP + 4		•		_	nethod 🔽 Cash 🔽 Accrual
_			tions.	34KA3OTA, TE 34Z30					ther (sp	pecify) 🕨
_	mended									
I Ap	oplication	n pending			1 4247 ()(4)		. I H and	I are not annlic	able to	section 527 organizations
					and 4947(a)(1) nonexempt chedule A (Form 990 or 99		ie i			for affiliates? Yes No
. .	v - L -:A				£1		Н(Ь)	If "Yes" enter i	number	of affiliates 🟲
- V	ved site	e: F ntt	7/www piai	nnedparenthood org/pps	S WCT/		— Н(с)	Are all affiliates	ınclude	ed?
J C	rganiza	ation type	check only	one) 🕨 🔽 ち 501(c) (3)	◀ (insert no)	.) or $\ \ $	527	(If "No," attacl	n a list	See instructions)
K C	heck her	re ▶ □ ıf	the organizat	ion is not a 509(a)(3) suppo	rting organization and its gros	s receipts a	1	Is this a separa covered by a g		rn filed by an organization
n	omally i	not more			of the organization chooses to		n,		•	
	e suie to	The a con	ipiete return					Group Exem	•	
L G	iross re	eceipts	Add lines 6	b, 8b, 9b, and 10b to li	ne 12 ► 11,595,880					ganızatıon ıs not required to 90, 990-EZ, or 990-PF)
Pa	art I	Reve	nue, Exp	enses, and Chang	es in Net Assets or	Fund	Balances	(See the	instr	uctions.)
	1	Contrib	utıons, gıfts	s, grants, and similar ar	nounts received					
	а	Contrib	utions to do	onor advised funds .		1a				
	ь	Directi	oublic suppo	ort (not included on line	1a)	1b		3,085,104		
	c	Indirec	t public sup	port (not included on lii	ne 1a)	1c		2,129,564		
	d	Govern	ment contri	butions (grants) (not in	cluded on line 1a)	1d		105,766		
	e	Total (a	ıdd lınes 1a	through 1d) (cash \$ ⁵ ,	320,434 noncash \$)		1e	5,320,434
	2	Total (add lines 1a through 1d) (cash \$ 5,320,434 noncash \$) Program service revenue including government fees and contracts (from Part VII, line 93) .						2	4,985,110	
	3	Membership dues and assessments							3	
	4	Interest on savings and temporary cash investments							4	
	5	Dividends and interest from securities						5	419,454	
	6a	Gross	ss rents							
	ь	Less r	ental expen	ses		6b				
	c	Net ren	tal income	or (loss) subtract line 6	b from line 6a				6с	
<u> </u>	7	Otheri	nvestmentı	ncome (describe 🟲)					7	
Revenue	8a	Gross	mount from	sales of assets	(A) Securities		(B) O	ther		
ď		other th	nan inventoi	ry	470,214	8a				
	b	Less cos	t or other bas	is and sales expenses		8b				
	С	Gaın or	(loss) (atta	ich schedule)	470,214	8c				
	d	Netgai	n or (loss) (Combine line 8c, colum	ns (A) and (B)				8d	470,214
	9	Special	events and	l activities (attach sche	edule) If any amount is f	rom gam	ing , check h	ere ► 🦳		
	а	Gross	evenue (no	t including \$	of					
		contrib	utions repoi	rted on line 1b) 🕏 .		9a		400,044		
	ь		•	ses other than fundrais		9b		161,904		
	С	Netinc	ome or (los	s) from special events :	Subtract line 9b from line	9a.			9с	238,140
	10a			entory, less returns and		10a				
	ь		•	ssold		10b				
	С	•	, ,		h schedule) Subtract line 10b t			•	10c	
	11		•	•					11	624
	12				7,8d,9c,10c, and 11				12	11,433,976
,o	13				3))				13	7,909,202
Expenses	14				olumn (C))				14	373,449
¥.	15								15	426,465
ш	16			·	5]				16	93,345
	17				mn (A)				17	8,802,461
<u>2</u>	18			•	ne 17 from line 12				18	2,631,515
Nel Assets	19				of year (from line 73, col ces (attach explanation)			• •	19	9,301,151
Ŗ	20 21		-		, , ,				20 21	-689,262 11,243,404
	41	ivet ass	ers of IUNG	parances at end of yea	r Combine lines 18, 19, a	anu ZU	<u> </u>		21	11,243,404

Part II Statement of Functional Expenses

If "Yes," enter (i) the aggregate amount of these joint costs \$_____

(iii) the amount allocated to Management and general \$

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$) If this amount includes foreign grants, check here					
	·	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	449,390	396,416	19,476	33,498
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	2,875,367	2,536,443	124,641	214,283
27	Pension plan contributions not included on lines 25a, b and c	27	136,047	120,848	5,586	9,613
28	Employee benefits not included on lines 25a - 27	28	269,296	238,647	11,123	19,526
29	Payroll taxes	29	242,400	214,718	10,060	17,622
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	8,636	8,480	114	42
33	Supplies	33	58,933	43,145	1,255	14,533
34	Telephone	34	162,195	146,797	6,893	8,505
35	Postage and shipping	35	36,077	26,412	768	8,897
36	Occupancy	36	442,214	401,088	18,617	22,509
37	Equipment rental and maintenance	37	65,851	62,775	1,586	1,490
38	Printing and publications	38	88,731	64,960	1,890	21,881
39	Travel	39				
40	Conferences, conventions, and meetings	40	431,252	404,020	10,243	16,989
41	Interest	41	197,366	157,893	29,605	9,868
42	Depreciation, depletion, etc. (attach schedule) 🕏	42	122,881	110,244	9,436	3,201
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
Ь		43b				
С.		43c				
d		43d				
e		43e				
f 		43f				
g	Total functional expenses Add lines 225 through 42a	43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	8,709,116	7,909,202	373,449	426,465

_, (ii) the amount allocated to Program services \$__

, 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

	· · · F · · - · · · · · · · · ·		
	ındıvıdua	Florida, Inc. is to ensure the right of all is to manage their sexual and reproductive providing direct services, education, and	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for
pub	blications issued, etc. Discuss achievements that are not measurable (Section and allocations to others).	on 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	others)
а	Medical and Health Care Services - providing more than 60, practices preserve individual dignity and respect personal properties in provided the services of t	rivacy while empowering others to make and efficient following medical and medical education services creening *Birth Control options *Pregnancy testing IDS testing and counseling *First Trimester pecial medical problems *Referrals for other medical ed infections Diagnosis and treatment *Colposcopy	
	(Grants and allocations \$) If this	amount includes foreign grants, check here 🕨 🦵	6,918,969
b	Outreach Education Programs - reaching more than 34,000 responsibility Planned Parenthood provides abstinence-bas comprehensive sexuality education information and resourc accepting a leadership role in dealing with a range of issues parents, young people, educators and staff working with your information *Workshops on parenting, decision-making, abs programs designed to enhance human sexuality learning in to care and social service professionals *A resource library wifilms for all age levels *Advocacy for patient care and family business and industry and civic groups *The SOURCE Teer dynamic and informative leadership and prevention information and panel discussion	ed, age-appropriate, medically accurate and es to the southwest and central Florida community, We offer the following educational services to ng people *Family planning and human sexuality tinence, communication skill-building and other the family *Training seminars for educators, health nich includes books, video-tapes, pamphlets and planning issues *Speakers for service agencies, in Theatre, a peer educator performing troupe provides	
	(Grants and allocations \$) If this	amount includes foreign grants, check here 🕨 🦵	738,719
C	Public Affairs and Advocacy - engaging more than 20,000 v efforts, primarily through volunteer engagement and coordin advocate for reproductive health care policies that will prom programs PPSWCF believes that every community member reproductive health services and works to eliminate barriers people can make informed, private and responsible choices	ated efforts to promote family planning services and ote prevention health care services and education should have access to safe, accurate, and effective	
	(Grants and allocations \$) If this	amount includes foreign grants, check here 🕨 🦵	251,514
d		amount includes foreign grants, check here ▶ ┌	
e	Other program services (attach schedule)	·	
e	(Grants and allocations \$) If this Total of Program Service Expenses (should equal line 44, co	amount includes foreign grants, check here	7,909,202
•	iotaroi Fiogram Service Expenses (Should equal fille 44, Co	runni (D), Flograni Services)	7,505,202

For	m 990	(2007)					Page 4
Pa	rt IV	Balance Sheets (See the instru	ctions	.)			
Not	e:	Where required, attached schedules and amou		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	•		731,060	45	332,926
	46	Savings and temporary cash investments				46	4,116,811
	47a	Accounts receivable	47a	282,578			
	ь	Less allowance for doubtful accounts	47b		195,763	47c	282,578
	48a	Pledges receivable	48a	1,932,779			
	ь	Less allowance for doubtful accounts	48b	,,,,,,	958,812	48c	1,932,779
	49	Grants receivable	400		000,012	49	1,002,110
	50a	Receivables from current and former office	rs dired	ctors trustees and		7,5	
		key employees (attach schedule) Receivables from other disqualified person				50a	
	51a	4958(c)(3)(B) (attach schedule)	•			50b	
	31a	Other notes and loans receivable (attach schedule)	51a				
2	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use				52	
۹.	53	Prepaid expenses and deferred charges .		[92,757	53	91,651
	54a	Investments—publicly-traded securities	. •	- ┌ Cost ┌ FMV	5,888,984	54a	5,486,398
	ь	Investments—other securities (attach sch	edule)	► Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	_{55a}	,			
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule) .	<u> </u>	' 		56	
	57a	Land, buildings, and equipment basis	57a	9,173,117			
	ь	Less accumulated depreciation (attach schedule)	57b	1,300,837	1,975,210	57c	7,872,280
	58	Other assets, including program-related in		unts	.,,		1,112,222
		(describe	326,169	58	95 891,178		
					320,103	36	031,170
	59	Total assets (must equal line 74) Add line	s 45 th	rough 58	10,168,755	59	21,006,601
	60	Accounts payable and accrued expenses			846,104	60	1,122,684
	61	Grants payable		[61	
	62	Deferred revenue		[21,500	62	950,513
_	63	Loans from officers, directors, trustees, an	d key e	mployees (attach			
i.		schedule)				63	
L i	64a	Tax-exempt bond liabilities (attach schedu	ule) .	[64a	7,690,000
^,	ь	Mortgages and other notes payable (attack	nsched	ule)		64b	
	65	O ther liablilities (describe 🟲					
)				65	
	66	Total liabilities Add lines 60 through 65			867,604	66	9,763,197
	Orga	inizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	► ✓ a	nd complete lines			
y)	67	Unrestricted			5,243,044	67	5,477,828
Ĕ	68	Temporarily restricted			3,654,074	68	5,361,543
Balances	69	Permanently restricted		F	404,033	69	404,033
Fund	Orga	inizations that do not follow SFAS 117, chec			· ·		
	70	complete lines 70 through 74 Capital stock, trust principal, or current ful	nde			70	
jo S	71	Paid-in or capital surplus, or land, building		F		70	
Assets	72	Retained earnings, endowment, accumulate	•	` ` -		72	+
		Total net assets or fund balances Add line		· '		12	+
Z o	73	through 72 (Column (A) must equal line 19			9,301,151	73	11,243,404
	74	Total liabilities and net assets / fund balance	e Add line	es 66 and 73	10 168 755		21.006.601

Part	tiv-A Reconciliation of Revenuthe instructions.)	ue per Audited Finar	ncial Sta	tements V	Vith Reven	ue per	Return (See
<u> </u>	Total revenue, gains, and other suppor	t per audited financial stat	tements			a	10,817,451
b	A mounts included on line a but not on	•					, , , , , , , , , , , , , , , , , , ,
1	Net unrealized gains on investments		Ь1		-689,262		
2	Donated services and use of facilities		b2			1	
3	Recoveries of prior year grants		b3			1	
4	Other (specify)		- 55			1	
-			b4		72,737		
	Add lines b1 through b4					ь	-616,525
c	Subtract line b from line a					С	11,433,976
d	Amounts included on Part I, line 12, b	ut not on line a					
1	Investment expenses not included on	Part I, line					
	6b		d1				
2	Other (specify)		d2				
	Add lines d1 and d2		-				-616,525
_	Total revenue (Part I, line 12) Add lin					" 	11,433,976
е	d					e	11,433,970
Part	IV-B Reconciliation of Expens		ncial St	atements	With Expe	nses pe	r Return
а	Total expenses and losses per audited	financial statements .				а	8,875,198
b	A mounts included on line a but not on	Part I, line 17					
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Pai	rt I, line				1	
	20		b2				
3	Losses reported on Part I, line		ьз				
4	20		D3			1	
4	Other (specify)		b4		72,737		
	Add lines b1 through b4		-			ь	72,737
с	Subtract line b from line a					c	8,802,461
d	Amounts included on Part I, line 17, bi					- +	0,002,102
1	Investment expenses not included on		1				
-	6b	i ait i, iiie	d1				
2	Other (specify)					1	
			d2				
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17) Add li						8,802,461
Daw	d		Emple	wass (List	aach narcai	e	as an officer
Pall	director, trustee, or key emi						
		(B) Title and average hours	(C) Co.	mpensation	(D) Contribi employee ben	utions to	(E) Expense
	(A) Name and address	per week devoted to position			deferred com	pensation	account and other allowances
<u> </u>	JAA Dobo Toble				plan	5	
See A	dditional Data Table						
							1
							_
		I	I		İ		İ

	990 (2007)						Page o
	t V-A Current Officers, Director			<u>_</u>		Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organizatioi	n business at board			
	meetings						
b	Are any officers, directors, trustees, or ke	ey employees listed in For	m 990, Part V-A, or high	ghest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A , Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemen	75b		No			
С	Do any officers, directors, trustees, or key	y employees listed in Forr	n 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pro	ofessional and other ind	ependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive comper	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to	the organization? See the	ınstructions for the de	finition of "related	75c		No
	organization"						
	If "Yes," attach a statement that includes	the information described	d in the instructions				
d	Does the organization have a written conf	lict of interest policy? .			75d	Yes	
Par	t V-B Former Officers, Director Benefits (If any former officers) during the benefits in the appropriate of the control	cer, director, trustee, e e year, list that person	or key employee red below and enter the	ceived compensation amount of compens	or oth	ner be	nefits
	(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		oense aco ner allowa	count and ances
	_						
Par	t VI Other Information (See the	instructions.)				Yes	No
76	Did the organization make a change in its activities	or methods of conducting activ	rities? If "Yes," attach a				
	detailed statement of each change				76		No
77	Were any changes made in the organizing	or governing documents	but not reported to the :	IRS?	77		Νο
	If "Yes," attach a conformed copy of the c	:hanges					
78a	Did the organization have unrelated business gross		ng the vear covered by this	return?	78a		l No
	If "Yes," has it filed a tax return on Form				78b		
	Was there a liquidation, dissolution, termination, or			- · ·			
-	a statement		,		79		N o
80a	Is the organization related (other than by association	on with a statewide or nationwi	de organization) through cor	nmon membership,			 ,
	governing bodies, trustees, officers, etc., to any ot			• •	80a		No
ь	If "Yes," enter the name of the organization	on 🕨					
			ıs exempt or no	onexempt			
81a	Enter direct or indirect political expenditu	ires (See line 81 instruct	ıons) 81a]		
Ь	Did the organization file Form 1120-POL fo	or this year?			81b		No

	250			raye
	Other Information (continued)		Yes	No
2a	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		Νo
ь	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III) 82b			
3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
la	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gıfts were not tax deductıble?	84b		
;	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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 the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	85h		
	501/c/(7) orgs. Enter, a Industrian face and conduct contributions included on line 12 965	6511		
	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a Gross receipts, included on line 12, for public use of club facilities	1		
		1		
	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a	-		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
а	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	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI			
		88b		Νο
а	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
_	section 4911 • 0 , section 4912 • 0 , section 4955 • 0			
	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? If "Yes," attach a statement explaining each transaction	89b		Νο
c	Enter Amount of tax imposed on the organization managers or disqualified persons			
	during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?	89e		Νo
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		Νo
_	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting	031		NO
y	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		Νo
а	List the states with which a copy of this return is filed 🕨 <u>FL</u>			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			7.
	instructions)			
а	The books are in care of ▶ The Organization Telephone no ▶ (941)	365-3	913	
	736 CENTRAL AVENUE			
	Located at ► SARASOTA, FL ZIP + 4 ► 34236			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	[Yes	N o
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	, 43	No
	If "Yes," enter the name of the foreign country 🗠			140
	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) c At any time during the calendar year, did the organization maintain an office outside of the United States If "Yes," enter the name of the foreign country ▶ 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	Yes No Lc No
If "Yes," enter the name of the foreign country - Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	92	<u>lc No</u>
2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here	92	• Г
	92	► Г
and enter the amount of tax-exempt interest received or accrued during the tax year 🕨		
	12. 513. or 514	
art VII Analysis of Income-Producing Activities (See the instructions.)	12. 513. or 514	
ote: Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 55	,,	(E)
(A) Business code (B) Exclusion code (C) Exclusion code	(D) Amount	Related or exempt function income
3 Program service revenue		
a PATIENT SERVICE FEES		4,985,11
b l		
с		
d d		
e		
f Medicare/Medicaid payments		
g Fees and contracts from government agencies		
4 Membership dues and assessments		
Interest on savings and temporary cash investments		
06 Dividends and interest from securities 14	419,454	
Net rental income or (loss) from real estate		
a debt-financed property		
b non debt-financed property		
Net rental income or (loss) from personal property		
9 Other investment income		
OO Gain or (loss) from sales of assets other than inventory	470,214	
O1 Net income or (loss) from special events	238,140	
LO2 Gross profit or (loss) from sales of inventory		
LO3 Other revenue a MISCELLANEOUS		62
b		
с		
d d		
e e		
Subtotal (add columns (B), (D), and (E))	1,127,808	4,985,73
LOS Total (add line 104, columns (B), (D), and (E))	. ▶	6,113,54
ote: 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 (Se	ee the ins	tructions.)
Explain how each activity for which income is reported in column (E) of Part VII contributed important of the organization's exempt purposes (other than by providing funds for such purposes)	ntly to the ac	complishment
93A FEES FOR PLANNING AND PREVENTION SERVICES - PART OF EXEMPT FUNCTION		
103a REIMBURSEMENT OF EXPENSES AND SALES OF ITEMS RELATED TO EXEMPT		
103a FUNCTION		
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (Se	e the insti	uctions.)
(A) (B) (C)	(D)	(E)
	otal income	End-of-year assets
%		
%		
% %		
Part X Information Regarding Transfers Associated with Personal Benefit Contra	cts (See ti	he
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	t?	┌ Yes ┌ No
NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).		

					Yes	No
106	Did the reporting organization make any the Code? if "Yes," complete the sched		defined in section 512((b)(13) of		
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) of transf	er
:						
	Totals					
					Yes	No
L 07	Did the reporting organization receive a the Code? if "Yes," complete the sched		as defined in section	512(b)(13) of	ies	NO
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(D) of transf	er
	·					
<u> </u>						
	Totals					
:		ten contract in effect on August 17	2006 covering the int	erests rents	Yes	No
	Did the organization have a binding writ royalties and annuities described in que	estion 107 above?				
	Did the organization have a binding writ	estion 107 above? nave examined this return, including accomp	panying schedules and stater	ments, and to the best	of my kno	wledge
los leas	Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete	estion 107 above? nave examined this return, including accomp	vanying schedules and stater is based on all information of 2009-04-2	ments, and to the best of which preparer has a	of my kno	wledge
lo8	Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I is and belief, it is true, correct, and complete ****** Signature of officer	estion 107 above? nave examined this return, including accomp	eanying schedules and stater is based on all information o	ments, and to the best of which preparer has a	of my kno	wledge
los leas	Did the organization have a binding writ royalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete	estion 107 above? nave examined this return, including accomp	vanying schedules and stater is based on all information of 2009-04-2	ments, and to the best of which preparer has a	of my kno	wledge
leas ign ere	Did the organization have a binding writeroyalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete ****** Signature of officer BARBARA ZDRAVECKY President/CEO Type or print name and title Preparer's signature STEPHEN D SPANGLER	estion 107 above? nave examined this return, including accomp	panying schedules and stater is based on all information of 2009-04-; Date	ments, and to the best of which preparer has a	of my kno ny knowled	w led ge dge
108 Pleasign lere	Did the organization have a binding writeroyalties and annuities described in que Under penalties of perjury, I declare that I hand belief, it is true, correct, and complete ****** Signature of officer BARBARA ZDRAVECKY President/CEO Type or print name and title Preparer's signature STEPHEN D SPANGLER ITEI'S Firm's name (or yours CAVANAUGH & C	nave examined this return, including accomp Declaration of preparer (other than officer) Date	canying schedules and stater is based on all information of 2009-04-2. Date Check if self-empolyed	ments, and to the best of which preparer has a 28	of my kno ny knowled	w ledge lge

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DLN: 93490120001089

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

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

2007

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 instruction	ns. List each one. If there ar	e none, enter "Non	e.")	
(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	director surgical se			
2055 WOOD ST 110 SARASOTA,FL 34237	40 00	84,204	11,671	0
ANNE-MARIE GREWER	director of educatio			
2055 WOOD ST 110 SARASOTA,FL 34237	40 00	75,466	10,965	0
MARY FJERSTAD	CAPS PROGRAM			
2055 WOOD ST 110 SARASOTA,FL 34237	40 00	121,097	14,797	0
LYNNE A RANDALL	CAPS DIRECTOR			
2055 WOOD ST 110 SARASOTA,FL 34237	40 00	121,955	14,866	0
PAULINE JENKINS	ARNP			
2055 WOOD ST 110 SARASOTA,FL 34237	40 00	67,817	10,264	0
Total number of other employees paid over \$50,000	2			
	Five Highest Paid Indeper ections. List each one (wheth			

"None.")

(b) Type of service	(c) Compensation
MEDICAL	193,075
MEDICAL	57,630
1	
1	
1	
	l
	MEDICAL

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual 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		
736 CENTRAL AVENUE	owners rep for construction	76,000
Sarasota, FL 34236		
	7	
	1	
Total number of other contractors receiving over		I
\$50,000 for other services		

Par	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, 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 🔭 \$ 14,695 (Must equal amounts on line 38, Part VI-A, or line			
	ı of Part VI-B)	1	Yes	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing property?	2a		No
Ь	Lending of money or other extension of credit?	2b	<u> </u>	No
C	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		No
e	Transfer of any part of its income or assets?	2e	<u> </u>	No
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)	3a		No
Ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	<u> </u>	No
	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	3с		Νo
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
Ь	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
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			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)			
Icer	tify th	at the organization is not a private foun	dation because it is (P	lease check only C	NE applicable bo	x)				
5	Γ	A church, convention of churches, or	association of churches	Section 170(b)(1)(A)(ı)					
6	\vdash	A school Section 170(b)(1)(A)(II) (A	lso complete Part V)							
7	Γ	A hospital or a cooperative hospital s	ervice organization Sec	ction 170(b)(1)(A)	(111)					
8	Γ	A federal, state, or local government	or governmental unit Se	ection 170(b)(1)(A)(v)					
9	Γ	A medical research organization oper and state 🕨	ated in conjunction with	a hospital Section	n 170(b)(1)(A)(ııı	ı) Enter the ho	spital's name, city,			
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a governi	mental unit				
11a	Γ	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	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	the Support Scheo	lule ın Part IV -A)				
12	্ব	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , function ome and unrelated busi	ns—subject to certa ness taxable incon	ain exceptions, a ne (less section 5	nd (2) no more 511 tax) from b	than 331/3% of ousinesses			
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•		•	se meets the			
		Type I Type II Type	e III - Functionally Inte	grated 7	ype III - Other					
		Provide the following informa	tion about the supporte	ed organizations. (s	see page 7 of the	instructions.)				
ľ	Name((a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) A mount of support?			
				IRC section)	Yes	No				
Tota						•				

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.

Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2	003	(e) Total
15	Gifts, grants, and contributions received (Do not	3,971,462	2,344,157	2,297,096	:	1,220,087	9,832,802
16	include unusual grants See line 28) Membership fees received						0
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of	4,313,428	3,751,584	3,391,816		3,025,396	14,482,224
	facilities in any activity that is related to the	1,313,120	3,731,301	3,331,010		3,023,330	11,102,221
18	organization's charitable, etc , purpose Gross income from interest, dividends, amounts						
10	received from payments on securities loans						
	(section 512(a)(5)), rents, royalties, and	190,578	258,156	145,942		86,055	680,731
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the	·	·	·			
	organization after June 30, 1975						
19	Net income from unrelated business activities						C
	not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its						C
	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						ſ
	facilities generally furnished to the public without						
	charge						
22	Other income Attach a schedule Do not include		6,276	9,863		38,497	54,636
23	gain or (loss) from sale of capital assets Total of lines 15 through 22	8,475,468	6,360,173	5,844,717	4	1,370,035	25,050,393
24	Line 23 minus line 17	4,162,040	2,608,589	2,452,901		1,344,639	10,568,169
25	Enter 1% of line 23	84,755	63,602	58,447		43,700	
26	Organizations described on lines 10 or 11: a Er	nter 2% of amount	: ın column (e), lır	ne 24	26a		
	Prepare a list for your records to show the name of	and amount cont	ributed by each p	erson (other			
	than a governmental unit or publicly supported org	anızatıon) whose	total gifts for 200	2 through			
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. E	nter the total			
	of all these excess amounts			▶	26b		(
•	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c		
•	Add Amounts from column (e) for lines 18		19				
	22 _		26b		26d		
•	Public support (line 26c minus line 26d total)			►	26e		
1	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))	<u> </u>	26f		
27	Organizations described on line 12: a For amou	ınts ıncluded ın lır	nes 15, 16, and 1	7 that were recei	ved from	a "dısqua	alıfıed person,"
	prepare a list for your records to show the name of	•		h year from, each	ı "dısqual	ıfıed pers	son "
	Do not file this list with your return. Enter the sun						
	(2006) 468,475(2005) For any amount included in line 17 that was received.	302,787	(2004)	368,206	(2003)_		456,300
	records to show the name of, and amount received	•					•
	or (2) \$5,000 (Include in the list organizations de		= -		•		
	return. After computing the difference between the these differences (the excess amounts) for each y		and the larger an	nount described n	ii (1) oi (.	z), enter	the sum of
	(2006) (2005)		(2004)		(2003)		
	(2000)		(2001)		.(2003)_		
	Add Amounts from column (e) for lines 15	9,832	802 16	0			
	17 14,482,224 20			0	▶	27c	24,315,026
	Add Line 27a total 1,595,768	and line 27b tot			▶	27d	1,595,768
	Public support (line 27c total minus line 27d total))			▶ Ì	27e	22,719,258
	· Total support for section 509(a)(2) test Enter am		column (e) 🕨	27f 2	5,050,393		
	Public support percentage (line 27e (numerator) d				27g	ı	9069 42 %
•	1 Investment income percentage (line 18, column (e			(denominator)) 🟲	27h		271 74 %
28	Unusual Grants: For an organization described in li					2 throug	
-	prepare a list for your records to show, for each ye			_	_		

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	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?	32a		
ŀ	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory	32ь		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
•	with student admissions, programs, and scholarships?	 32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
•	Copies of all material used by the organization of on its behalf to solicit contributions.	32u	<u> </u>	
	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			
ā	Students' rights or privileges?	33a		
t	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c	ı	
c	Scholarships or other financial assistance?	33d	I	
•	Educational policies?	33e	ı	
f	· Use of facilities?	33f		
ç	Athletic programs?	33g		
i	Other extracurricular activities?	33h	I	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	- Has the organization's right to such aid ever been revoked or suspended?	34b		
ı	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	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35	ı	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

	(10 be completed Cital by an engiste orga	medicin mac med remit eres	
neck 🕨 a 🗍	if the organization belongs to an affiliated group	Check b I If you checked	"a" and "limited control" provisions app

		bbbying Expenditures s" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)	36		7,348
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	37		7,347
38	Total lobbying expenditures (add line	es 36 and 37)	38		14,695
39	Other exempt purpose expenditures		39		8,787,766
40	Total exempt purpose expenditures	(add lines 38 and 39)	40		8,802,461
41	Lobbying nontaxable amount Enter t	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	41		590,123
	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 (ente	r 25% of line 41)	42		147,531
43	Subtract line 42 from line 36 Enter	-0- ıf lıne 42 ıs more than lıne 36	43		0
44	Subtract line 41 from line 38 Enter	-0- if line 41 is more than line 38	44		0

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)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in) 🟲	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45	Lobbying nontaxable amount	590,123	486,607	5,783,186	4,747,473	11,607,389	
46	Lobbying ceiling amount (150% of line 45(e))					17,411,084	
47	Total lobbying expenditures	14,695	14,775	6,750	6,750	42,970	
48	Grassroots nontaxable amount	147,531	121,652	104,562	6,750	380,495	
49	Grassroots ceiling amount (150% of line 48(e))					570,743	
50	Grassroots lobbying expenditures	7,348	7,388	6,750	6,750	28,236	

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,	dıd the or	ganızatıon a	attempt to	ınfluence natıo	nal, state or l	ocal legislation, ii	ncluding any	
attempt to influe	nce public	c oninion on	a legislat	ive matter or re	ferendum thr	ough the use of		Y

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

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

Yes	No	A mount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

		•		g with any other organization des 27, relating to political organizati		sectio	n
			ncharitable exempt organization		1	Yes	No
	Cash	, ,	, ,		51a(i)		No
• • •	O ther assets				a(ii)		Νο
	transactions						
_		of assets with a noncl	narıtable exempt organization		b(i)		Νo
	Purchases of assets				b(ii)		Νο
	Rental of facilities, ed		· •		b(iii)		Νο
	Reimbursement arrar				b(iv)		Νο
	Loans or loan guaran	=			b(v)		Νο
			r fundraising solicitations		b(vi)		Νο
			er assets, or paid employees		c		Νο
goods	other assets, or serv	rices given by the rep	oorting organization If the organ	umn (b) should always show the for nization received less than fair m other assets, or services received	arket val		
(a)	(b)		(c)	(d)			
Line no	A mount involved	Name of nonch	arıtable exempt organization	Description of transfers, train arrangement		, and	sharin
				arrangeme	<u> </u>		
descri	•	of the Code (other t	d with, or related to, one or more	· -	. v	Yes	Г
	(a)		(b)	(c)			
rıda allıance	Name of organization of planned parenthood af		Type of organization 501(c)(4)	Description of rel	<u>ations nip</u>)	
				<u> </u>			

See separate instructions.

DLN: 93490120001089

OMB No 1545

4562-FY

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Attachment Sequence No 67

Business or activity to which this form relates Identifying number Name(s) shown on return PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA INC Form 990 Page 2 59-1274328 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 125,000 2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 3 500,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter - 0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562FY 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election **16** Other depreciation (including ACRS) 16 122,881 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2007 18 If you are electing to group any assets placed in service during the tax year into one or more . ► Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 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 27 5 yrs ММ S/L h Residential rental property 27 5 yrs мм S/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year S/L 12 yrs **c** 40-year 40 yrs ΜМ S/L Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 122,881 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562-FY (2007) Page 2 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 (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 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) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 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 Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year

beains percentage 42 A mortization of costs that begins during your 2007 tax year (see instructions) 43 Amortization of costs that began before your 2007 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44

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):

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
a ADVERTISING	43a	144,771	144,771		
b EDUCATIONAL SERVICES	43b	24,392	23,742	520	130
c CONTRACT PERSONNEL	43c	620,380	617,899	1,985	496
d MEDICAL SERVICES	43d	945,218	945,218		
e INSURANCE	43e	95,204	92,866	1,258	1,080
f OTHER	43f	141,670	113,715	13,512	14,443
g PROFESSIONAL SERVICES	43g	1,023,635	1,005,194	13,477	4,964
h FEES - MEMBERSHIPS SUBSCIPTIONS LICENSES	43h	38,043	32,911	2,237	2,895
i INVESTMENT FEES	43i	89,167		89,167	

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

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(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 736 CENTRAL AVE SARASOTA,FL 34236	B O D Chair 2 00	0	0	0
WENDY DURAND 736 CENTRAL AVE SARASOTA, FL 34236	B O D 1ST VICE CHAIR 2 00	0	0	0
CLARE SEGALL 736 CENTRAL AVE SARASOTA,FL 34236	B O D 2ND VICE CHAIR 2 00	0	0	0
KARIN GRABLIN 736 CENTRAL AVE SARASOTA,FL 34236	B O D TREASURER 2 00	0	0	0
WASHINGTON HILL 736 CENTRAL AVE SARASOTA,FL 34236	B O D SECREATRY 2 00	0	0	0
MALCOLM CANDIISH 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
LAURENCE EGER 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
MICHAEL FINAZZO 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
ADRIENNE GARCIA 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
DAVID GORTON 736 CENTRAL AVE SARASOTA,FL 34236	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
SUE GRUNDY 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
ANITA VAN TASSEL HOLEC 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
TAMI JOHNSON 736 CENTRAL AVE SARASOTA,FL 34237	B O D MEMBER 2 00	0	0	0
DIXIE MYERS 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
MIMI OSIASON 736 CENTRAL AVE SARASOTA,FL 34236	B O D MEMBER 2 00	0	0	0
ELLEN POAGE 736 CENTRAL AVE SARASOTA,FL 34236	BOD MEMBER 2 00	0	0	0
SUE REVELL 736 CENTRAL AVE SARASOTA,FL 34236	BOD MEMBER 2 00	0	0	0
MARIA SATERBO 736 CENTRAL AVE SARASOTA,FL 34236	BOD MEMBER 2 00	0	0	0
PEGGY SILVERGLEID 736 CENTRAL AVE SARASOTA,FL 34236	BOD MEMBER 2 00	0	0	0
SHERYLL STRANG 736 CENTRAL AVE SARASOTA,FL 34236	BOD 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
NANCY TURNER 736 CENTRAL AVE SARASOTA,FL 34236	BOD MEMBER 2 00	0	0	0
BARBARA ZDRAVECKY 736 CENTRAL AVE SARASOTA,FL 34236	PresidentCEO 40 00	156,167	26,603	3,558
JAN CHESTER 736 CENTRAL AVE SARASOTA,FL 34236	Chief Operations Officer	95,164	12,661	480
CHERYL GRANTHAM 736 CENTRAL AVE SARASOTA, FL 34236	Chief Financial Officer 40 00	73,582	10,785	255
sharon c rogers 736 CENTRAL AVE sARASOTA, FL 34236	vice president of patient services 40 00	63,656	6,224	255

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

0

AND CENTRAL FLORIDA INC

EIN: 59-1274328

Gross Sales Price: 470,214

Basis:

Sales Expenses: 0

Total (net): 470,214

TY 2007 Land etc. Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	578,732		578,732
BUILDINGS	547,592	291,217	256,375
FURNITURE AND EQUIPMENT	856,504	682,438	174,066
LEASHOLD IMPROVEMENTS	352,427	260,340	92,087
TAMPA	25,000	17,501	7,499
AUTOMOBILES	78,140	46,583	31,557
construction in progess	6,662,682		6,662,682
MANATEE CLINIC	72,040	2,758	69,282

TY 2007 Other Assets Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Description	Beginning of Year Amount	End of Year Amount
PROGRAM INVENTORY	326,169	631,907
DEFERRED BOND COSTS	0	259,271



TY 2007 Other Changes in Net Assets Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Description	Amount
UNREALIZED GAINLOSS ON INVESTMENTS	-689,262

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TY 2007 Other Expenses Included Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Description	Amount
COST OF SPECIAL EVENTS/SALES	161,904
INVESTMENT FEES	-89,167

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TY 2007 Other Revenues Included Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Description	Amount
COST OF SPECIAL EVENTS	161,904
INVESTMENT FEES	-89,167

DLN: 93490120001089

TY 2007 Payments to Affiliates Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Name Address		A mount	Purpose
florida association of Planned Parenthood Affiliates	6623 gateway avenue Unit A Sarasota, FL 34231	17,960	florida affiliate dues
florida alliance of planned parenthood affiliates	6623 gateway avenue Unit A sarasota, FL 34231	14,695	florida affiliate dues - advocacy
planned parenthood federation of america	434 w 33rd street new york, NY 10001	60,690	national affiliate dues

TY 2007 Special Events Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
ANNUAL DINNER	249,972	0	249,972	80,359	169,613
HIGH TEA AT HIGH NOON	69,215	0	69,215	24,745	44,470
SAFE SAXAT SUNSET	32,035	0	32,035	32,131	-96
CHOICE AFFAIRS AND OTHER EVENTS	48,822	0	48,822	24,669	24,153

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Item No.	1			
Name of Issue				
Purpose	THE FUNDS ARE TO BE USED TO FINANCE THE COST OF THE HEALTH CARE FACILITIES			
Amount Outstanding	7690000			
Unexpeded Bond Proceeds				
Third Party Use				
Space Percentage				
Maturity Date	2041-10			
Repayment Terms	INTEREST ONLY UNTIL DUE WITH SOME VARIANCE BASED UPON CONTRIBUTION INCOME.			
Interest Rate				
Security	LINE OF CREDIT OF \$7,763,740			

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TY 2007 Other Income Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST

AND CENTRAL FLORIDA INC

Description	2006	2005	2004	2003	Total
MISCELLANEOUS		6,276	9,863	38,497	54,636