

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)

2007

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 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA INC. Number and street: 736 CENTRAL AVENUE. City or town: SARASOTA, FL 34236

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: http://www.plannedparenthood.org/ppswcf/

J Organization type: 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: 11,595,880

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, Gross rents, Other investment 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.)

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 <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)	449,390	396,416	19,476	33,498
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	2,875,367	2,536,443	124,641	214,283
27	Pension plan contributions not included on lines 25a, b and c	136,047	120,848	5,586	9,613
28	Employee benefits not included on lines 25a - 27	269,296	238,647	11,123	19,526
29	Payroll taxes	242,400	214,718	10,060	17,622
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	8,636	8,480	114	42
33	Supplies	58,933	43,145	1,255	14,533
34	Telephone	162,195	146,797	6,893	8,505
35	Postage and shipping	36,077	26,412	768	8,897
36	Occupancy	442,214	401,088	18,617	22,509
37	Equipment rental and maintenance	65,851	62,775	1,586	1,490
38	Printing and publications	88,731	64,960	1,890	21,881
39	Travel				
40	Conferences, conventions, and meetings	431,252	404,020	10,243	16,989
41	Interest	197,366	157,893	29,605	9,868
42	Depreciation, depletion, etc (attach schedule)	122,881	110,244	9,436	3,201
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)	8,709,116	7,909,202	373,449	426,465

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? ▶ The mission of Planned Parenthood of Southwest and Central Florida, Inc is to ensure the right of all individuals to manage their sexual and reproductive health by providing direct services, education, and advocacy</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 Medical and Health Care Services - providing more than 60,000 patient visits yearly. PPSWCF policies and practices preserve individual dignity and respect personal privacy while empowering others to make and implement responsible reproductive choices. We provide the following medical and medical education services: *Gynecological examinations *Breast and cervical cancer screening *Birth Control options *Pregnancy testing and Options education *Blood chemistry screening *HIV/AIDS testing and counseling *First Trimester Abortions *Vasectomy services *Consultation clinics for special medical problems *Referrals for other medical and social services *Vaginitis and other sexually transmitted infections. Diagnosis and treatment *Colposcopy and LEEP procedures. removal of potentially cancerous cervical tissues.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>6,918,969</p>
<p>b Outreach Education Programs - reaching more than 34,000 contacts with messages of prevention and responsibility. Planned Parenthood provides abstinence-based, age-appropriate, medically accurate and comprehensive sexuality education information and resources to the southwest and central Florida community, accepting a leadership role in dealing with a range of issues. We offer the following educational services to parents, young people, educators and staff working with young people: *Family planning and human sexuality information *Workshops on parenting, decision-making, abstinence, communication skill-building and other programs designed to enhance human sexuality learning in the family *Training seminars for educators, health care and social service professionals *A resource library which includes books, video-tapes, pamphlets and films for all age levels *Advocacy for patient care and family planning issues *Speakers for service agencies, business and industry and civic groups *The SOURCE Teen Theatre, a peer educator performing troupe provides dynamic and informative leadership and prevention information to teens through professionally produced plays and panel discussion.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>738,719</p>
<p>c Public Affairs and Advocacy - engaging more than 20,000 volunteer advocates. PPSWCF initiates advocacy efforts, primarily through volunteer engagement and coordinated efforts to promote family planning services and advocate for reproductive health care policies that will promote prevention health care services and education programs. PPSWCF believes that every community member should have access to safe, accurate, and effective reproductive health services and works to eliminate barriers to decent, quality care and education, so that all people can make informed, private and responsible choices.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>251,514</p>
<p>d</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(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) ▶</p>	<p>7,909,202</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	731,060	45	332,926
	46 Savings and temporary cash investments		46	4,116,811
	47a Accounts receivable	47a 282,578		
	b Less allowance for doubtful accounts	47b	195,763	47c 282,578
	48a Pledges receivable	48a 1,932,779		
	b Less allowance for doubtful accounts	48b	958,812	48c 1,932,779
	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	92,757	53	91,651
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,888,984	54a	5,486,398
	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 9,173,117			
b Less accumulated depreciation (attach schedule)	57b 1,300,837	1,975,210	57c  7,872,280	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		326,169	58  891,178	
59 Total assets (must equal line 74) Add lines 45 through 58		10,168,755	59 21,006,601	
Liabilities	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, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a  7,690,000	
	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		867,604	66 9,763,197	
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	5,243,044	67	5,477,828
	68 Temporarily restricted	3,654,074	68	5,361,543
	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)		9,301,151	73 11,243,404
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		10,168,755	74 21,006,601

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, and 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
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
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?

Part VI Other Information (continued)

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					4,985,110
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	419,454	
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	470,214	
101 Net income or (loss) from special events			01	238,140	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					624
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,127,808	4,985,734
105 Total (add line 104, columns (B), (D), and (E))					6,113,542

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

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)

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
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					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
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?			

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	2009-04-28 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

2007

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

Employer identification number

59-1274328

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
mary ortiz 2055 WOOD ST 110 SARASOTA, FL 34237	director surgical se 40 00	84,204	11,671	0
ANNE-MARIE GREWER 2055 WOOD ST 110 SARASOTA, FL 34237	director of educatio 40 00	75,466	10,965	0
MARY FJERSTAD 2055 WOOD ST 110 SARASOTA, FL 34237	CAPS PROGRAM 40 00	121,097	14,797	0
LYNNE A RANDALL 2055 WOOD ST 110 SARASOTA, FL 34237	CAPS DIRECTOR 40 00	121,955	14,866	0
PAULINE JENKINS 2055 WOOD ST 110 SARASOTA, FL 34237	ARNP 40 00	67,817	10,264	0
Total number of other employees paid over \$50,000	2			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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 736 CENTRAL AVENUE Sarasota, FL 34236	MEDICAL	193,075
DR EDWIN ORTIZ 736 CENTRAL AVENUE Sarasota, FL 34236	MEDICAL	57,630
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 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 Sarasota, FL 34236	owners rep for construction	76,000
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>14,695</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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,971,462	2,344,157	2,297,096	1,220,087	9,832,802
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	4,313,428	3,751,584	3,391,816	3,025,396	14,482,224
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	190,578	258,156	145,942	86,055	680,731
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	54,636
23 Total of lines 15 through 22	8,475,468	6,360,173	5,844,717	4,370,035	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 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
 (2006) 468,475(2005) 302,787(2004) 368,206(2003) 456,300

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
 (2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 <u>9,832,802</u> 16 <u>0</u> 17 <u>14,482,224</u> 20 <u>0</u> 21 <u>0</u>	27c	24,315,026
d Add Line 27a total <u>1,595,768</u> and line 27b total _____	27d	1,595,768
e Public support (line 27c total minus line 27d total)	27e	22,719,258
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f	25,050,393
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	9069 42 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	271 74 %

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		

Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

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 2 columns: Description, Amount. Rows 1-5 for Section 179 election details.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13 for listed property details.

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

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

Table with 2 columns: Description, Amount. Rows 14-16 for special depreciation allowance.

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

Section A

Table with 2 columns: Description, Amount. Rows 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i for general depreciation system.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Rows 20a-c for alternative depreciation system.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23 for summary of depreciation.

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 depreciation 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	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 SUBSCRIPTIONS 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:

(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 O perations Officer 40 00	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
AND CENTRAL FLORIDA INC

EIN: 59-1274328

Gross Sales Price: 470,214

Basis: 0

Sales Expenses: 0

Total (net): 470,214

TY 2007 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	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 progress	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

EIN: 59-1274328

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

EIN: 59-1274328

Description	Amount
UNREALIZED GAINLOSS ON INVESTMENTS	-689,262

TY 2007 Other Expenses Included Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

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

TY 2007 Other Revenues Included Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

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

TY 2007 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	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

EIN: 59-1274328

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

EIN: 59-1274328

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
Unexpended Bond Proceeds	1933603
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

TY 2007 Other Income Schedule

Name: PLANNED PARENTHOOD OF SOUTHWEST
AND CENTRAL FLORIDA INC

EIN: 59-1274328

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