

# Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

SCANNED AUG 02 2010

**A** For the 2009 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

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

Doing Business As: \_\_\_\_\_

Number and street (or P O box if mail is not delivered to street address): **726 S. TAMPA AVE.** Room/suite: \_\_\_\_\_

City or town, state or country, and ZIP + 4: **ORLANDO FL 32805**

**D** Employer identification number: **59-3092996**

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

**F** Name and address of principal officer: \_\_\_\_\_

**G** Gross receipts \$: **2,686,221**

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

**H(b)** Are all affiliates included? Yes  No

If "No," attach a list (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) (insert no) \_\_\_\_\_, 4947(a)(1) or \_\_\_\_\_, 527

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

**K** Type of organization:  Corporation,  Trust,  Association,  Other

**L** Year of formation: **1991**

**M** State of legal domicile: **FL**

**H(c)** Group exemption number ▶ \_\_\_\_\_

### Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <b>PROVIDE FAMILY PLANNING SERVICES</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>14</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>14</b>
	5	Total number of employees (Part V, line 2a)	<b>38</b>
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>202,630</b> Current Year: <b>181,666</b>
	9	Program service revenue (Part VIII, line 2g)	<b>2,301,450</b> <b>2,500,248</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>-251</b> <b>-107</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>53,395</b> <b>1,112</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,557,224</b> <b>2,682,919</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	<b>1,460,161</b> <b>1,380,397</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>71,418</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>1,208,657</b> <b>1,282,579</b>
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,668,818</b> <b>2,662,976</b>
	19	Revenue less expenses Subtract line 18 from line 12	<b>-111,594</b> <b>19,943</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>2,059,170</b> End of Year: <b>2,029,398</b>
	21	Total liabilities (Part X, line 26)	<b>624,403</b> <b>574,688</b>
	22	Net assets or fund balances Subtract line 21 from line 20	<b>1,434,767</b> <b>1,454,710</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *Susan R. Fortensolin* Date: **6/28/10**

Type or print name and title: **SUSAN R. FORTENSO LIN, President & CEO**

**Paid Preparer's Use Only**

Preparer's signature: *James E. Gase* Date: **06/24/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **BORCHECK & GASE, LLC**  
**280 WEST CANTON AVE., SUITE 110**  
**WINTER PARK, FL 32789**

Preparer's identifying number (see instructions): **P00061476**

EIN ▶ **59-3687181**

Phone no ▶ **407-622-6600**

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

**PROVIDE FAMILY PLANNING SERVICES**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

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

4a (Code ) (Expenses \$ **1,457,853** including grants of \$ ) (Revenue \$ )  
**PROVIDE FAMILY PLANNING SERVICES TO CLIENTS**4b (Code ) (Expenses \$ **118,632** including grants of \$ ) (Revenue \$ )  
**PROVIDE FAMILY PLANNING EDUCATION IN SCHOOLS, SOCIAL SERVICE SETTINGS, AND SPECIAL EVENTS**4c (Code ) (Expenses \$ **771,766** including grants of \$ ) (Revenue \$ )  
**PROVIDE FAMILY PLANNING RELATED SURGICAL SERVICES TO CLIENTS**

4d Other program services (Describe in Schedule O )

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

4e Total program service expenses ► **2,348,251**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
	<ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		
		<b>X</b>	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
<b>1a</b>	<b>18</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
<b>1b</b>	<b>0</b>		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	<b>38</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7d</b>			
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>X</b>
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ► **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **CAROL HENRION** **726 S. TAMPA AVE.**

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's **current** key employees. See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUE IDTENSOHN PRESIDENT	40.00	X		X			88,790	0	0	
SALLY BLACKMUN EX-OFFICIO	1.00	X					0	0	0	
MARA LEVITT FORMER CHAIR	1.00	X					0	0	0	
JANAN AL-AWAR SMITHER CHAIR	1.00	X					0	0	0	
SUZAN ABRAMSON GEN. COUNCIL	1.00	X					0	0	0	
KIMBERLY STERLING TREASURER	1.00	X					0	0	0	
GLORIA RICHARDS SECRETARY	1.00	X					0	0	0	
LYNN WATCH DIRECTOR	1.00	X					0	0	0	
JANICE O'ROURKE AD HOC EXECUTIVE	1.00	X					0	0	0	
NANCY WOLF VICE CHAIR	1.00	X					0	0	0	
MIMIE BRANCH DIRECTOR	1.00	X					0	0	0	
LUCI BELNICK DIRECTOR	1.00	X					0	0	0	
JENNA CAWLEY DIRECTOR	1.00	X					0	0	0	
MARTHA HAYNIE DIRECTOR	1.00	X					0	0	0	
MONICA NGUYEN DIRECTOR	1.00	X					0	0	0	
SUSIE HARALSON FORMER DIRECTOR	1.00					X	0	0	0	
MAHALA DAR-JANVIER FORMER DIRECTOR	1.00					X	0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>BARBARA DEVANE</b> FORMER DIRECTOR	1.00						X	0	0	0
<b>1b Total</b>								<b>88,790</b>		

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
<b>DR. PHILIP WATERMAN</b> <b>ORLANDO</b>	<b>726 S. TAMPA AVE.</b> <b>MEDICAL SVCS.</b>	<b>149,888</b>

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	181,666				
	g Noncash contributions included in lines 1a-1f		\$ 28,190				
	<b>h Total. Add lines 1a-1f</b>		<b>181,666</b>				
<b>Program Service Revenue</b>	2a FAMILY PLANNING SERVICES	Busn. Code	1,540,405	1,540,405			
	b SURGICAL SERVICES		952,733	952,733			
	c EDUCATION SERVICES		7,110	7,110			
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>		<b>2,500,248</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)		533			533	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less rental exps					
		c Rental inc or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			2,662				
		b Less cost or other basis & sales exps		3,302			
		c Gain or (loss)		-640			
	d Net gain or (loss)			-640	-640		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code						
11a UNREALIZED GAIN ON INVESTMENT		1,112	1,112				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		1,112					
<b>12 Total Revenue. See instructions</b>		<b>2,682,919</b>	<b>2,500,720</b>	<b>0</b>	<b>533</b>		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,223,380	1,020,779	148,662	53,939
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,633	4,504	3,949	1,180
9 Other employee benefits	68,291	52,590	11,513	4,188
10 Payroll taxes	79,093	62,492	11,696	4,905
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	21,668	3,189	18,479	
12 Advertising and promotion	66,157	65,049		1,108
13 Office expenses	104,214	78,896	22,395	2,923
14 Information technology				
15 Royalties				
16 Occupancy	211,273	202,290	7,338	1,645
17 Travel	34,530	22,516	11,127	887
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,381	124,381		
23 Insurance	60,271	59,163	618	490
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a SUPPLIES & LABS	547,682	547,682		
b LICENSE & FEE	45,952	44,843	1,109	
c CREDIT CARD FEE	44,135	44,135		
d POSTAGE	15,904	15,430	321	153
e BAD DEBT	6,100		6,100	
f All other expenses	312	312		
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>2,662,976</b>	<b>2,348,251</b>	<b>243,307</b>	<b>71,418</b>
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	28,922	1	56,560
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,487	4	30,900
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	10,625	7	4,899
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	960	9	1,491
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,212,546		
	b Less accumulated depreciation	10b 490,654	10c 1,763,252	1,721,892
	11 Investments—publicly traded securities	207,044	11	171,555
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	18,221
	15 Other assets See Part IV, line 11	23,880	15	23,880
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,059,170	16	2,029,398	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	190,576	17	156,936
	18 Grants payable		18	
	19 Deferred revenue	32,760	19	28,049
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	401,067	23	361,557
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	28,146
	26 <b>Total liabilities.</b> Add lines 17 through 25	624,403	26	574,688
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,409,767	27	1,447,378
	28 Temporarily restricted net assets	25,000	28	7,332
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	1,434,767	33	1,454,710
34 <b>Total liabilities and net assets/fund balances</b>	2,059,170	34	2,029,398	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	528,166	532,143	599,365	242,630	181,666	2,083,970
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	528,166	532,143	599,365	242,630	181,666	2,083,970
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						2,083,970

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	528,166	532,143	599,365	242,630	181,666	2,083,970
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,060	11,677	12,179	1,753	533	33,202
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			-676			-676
11 <b>Total support.</b> Add lines 7 through 10						2,116,496
12 Gross receipts from related activities, etc (see instructions)					12	9,189,646
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.46%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.30%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**  ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ -676



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for revenues and assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		<b>150,000</b>		<b>150,000</b>
b Buildings		<b>1,364,468</b>	<b>159,195</b>	<b>1,205,273</b>
c Leasehold improvements		<b>166,727</b>	<b>28,534</b>	<b>138,193</b>
d Equipment		<b>426,203</b>	<b>225,517</b>	<b>200,686</b>
e Other		<b>105,148</b>	<b>77,408</b>	<b>27,740</b>
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.)				<b>1,721,892</b>

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>CAPITAL LEASE OBLIGATION</b>	<b>28,146</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>28,146</b>

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Line 1: 2,682,919; Line 2: 2,662,976; Line 3: 19,943; Line 10: 19,943.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation. Line 1: 2,682,919; Line 3: 2,682,919; Line 5: 2,682,919.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation. Line 1: 2,662,976; Line 3: 2,662,976; Line 5: 2,662,976.

Part XIV Supplemental Information

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

Series of horizontal dashed lines for providing supplemental information.



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open To Public Inspection

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

Employer identification number  
**59-3092996**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	<b>X</b>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	<b>X</b>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III</p>	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	<b>X</b>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III</p>	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

Schedule J (Form 990) 2009 **PLANNED PARENTHOOD OF GREATER** 59-3092996

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>SUSIE HARALSON</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
<b>MAHALA DAR -JANVIER</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
<b>BARBARA DEVANE</b>	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0
	(i) 0	(ii) 0	(iii) 0	0	0	0	0
	(ii) 0			0	0	0	0

**Part III Supplemental information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**59-3092996**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990 Part VIII line 1g	(d) Method of determining revenues
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	<b>X</b>	<b>3</b>	<b>28,190</b>	
26				
27				
28				

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

**29**

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

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

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

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

**b** If "Yes," describe in Part II

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

	Yes	No
<b>30a</b>		<b>X</b>
<b>31</b>		<b>X</b>
<b>32a</b>		<b>X</b>

---

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

---

**SCHEDULE O**

(Form 990)

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

▶ Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**PLANNED PARENTHOOD OF GREATER  
ORLANDO, INC.**

Employer identification number

**59-3092996**

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

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

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

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

59-3092996

## Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179Bonus				
<b>Prior MACRS:</b>									
88	2 exam tables	5/30/02	1,772		X	1,240	7 HY 200DB	1,716	56
89	Shredder	6/21/02	90		X	63	7 HY 200DB	87	3
91	Microscope	6/21/02	530		X	371	7 HY 200DB	514	16
92	Lab supplies	6/21/02	125		X	88	7 HY 200DB	121	4
93	Autoclave	6/22/02	1,750		X	1,225	7 HY 200DB	1,695	55
94	Utility cart	6/24/02	138		X	97	7 HY 200DB	133	5
95	Speculums, cart, forceps	6/24/02	972		X	681	7 HY 200DB	941	31
97	2 Rolling stools	6/25/02	70		X	49	7 HY 200DB	68	2
98	Speculums	6/26/02	106		X	74	7 HY 200DB	103	3
99	Cabinet	7/11/02	60		X	42	7 HY 200DB	58	2
102	Plastic filing cabinets	8/16/02	67		X	47	7 HY 200DB	65	2
103	Speculum	8/16/02	274		X	192	7 HY 200DB	265	9
104	Speculums & IV set	8/16/02	178		X	125	7 HY 200DB	172	6
107	2 Metal cabinets	8/27/02	290		X	203	7 HY 200DB	281	9
112	Bldg - 726 S Tampa	6/01/05	450,000			450,000	39 MM S/L	40,865	11,539
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041			13,041	39 MM S/L	1,482	335
123	Modular Office Units	6/01/05	15,564			15,564	7 HY 200DB	10,702	1,389
126	New Server & Rack Computers	6/01/05	21,208			21,208	5 HY 200DB	17,543	2,443
127	Chart Storage System	6/01/05	2,550			2,550	7 HY 200DB	1,753	228
128	Building Renovation	6/01/05	107,573			107,573	39 MM S/L	9,769	2,758
129	Construction Period Taxes	6/01/05	24,696			24,696	39 MM S/L	2,243	633
130	Building Renovation	6/01/05	716,246			716,246	39 MM S/L	65,044	18,365
131	Smartwatch Security System	6/01/05	19,515			19,515	15 HY S/L	4,554	1,301
132	Chart Storage System	6/01/05	10,265			10,265	7 HY 200DB	7,059	916
133	Computer Cable Runs	6/01/05	10,023			10,023	5 HY 200DB	8,291	1,155
134	Bellsouth T-I Line	6/01/05	3,515			3,515	5 HY 200DB	2,908	405
135	Plasma TV for Waiting Room	6/01/05	3,500			3,500	5 HY 200DB	2,895	403
136	Overhead Projector	6/01/05	999			999	7 HY 200DB	687	89
137	Land Survey	6/01/05	900			900	39 MM S/L	82	23
138	Workscapes Mod Furniture	6/01/05	60,169			60,169	7 HY 200DB	41,374	5,370
139	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,192	166
140	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,192	166
141	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,192	166
142	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,192	166
143	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,192	166
144	Computer	6/01/05	1,441			1,441	5 HY 200DB	1,192	166
145	Laptop computer	6/01/05	1,589			1,589	5 HY 200DB	1,314	183
146	HP Laserjet Printer	6/01/05	403			403	5 HY 200DB	333	47
147	Computer installation	6/01/05	3,753			3,753	5 HY 200DB	3,104	433
148	DSI Design Services	6/01/05	140			140	39 MM S/L	13	3
149	Upholstered Benches	6/01/05	1,500			1,500	7 HY 200DB	1,031	134
150	Window Blinds	6/01/05	1,540			1,540	7 HY 200DB	1,059	137
151	Irrigation & Sentricon	6/01/05	3,201			3,201	5 HY 200DB	2,648	369
152	Studio 3 Design Services	6/01/05	853			853	39 MM S/L	77	22
153	City Color Graphics	6/01/05	7,318			7,318	5 HY 200DB	6,053	843
155	Exam Room Lights & Furniture	6/01/05	6,157			6,157	7 HY 200DB	4,234	550
156	IPX-500 Phone System Relocation	6/01/05	1,178			1,178	7 HY 200DB	810	105
157	Mobiles	6/01/05	500			500	7 HY 200DB	344	44
158	Exterior Signage	6/01/05	4,723			4,723	39 MM S/L	429	121
159	Wall Graphics	6/01/05	1,200			1,200	5 HY 200DB	993	138
160	Fencing	6/01/05	2,340			2,340	15 HY S/L	546	156
161	Painting - Rothfork	6/01/05	1,000			1,000	7 HY 200DB	688	89
162	Legal Fees re: Building	6/01/05	2,605			2,605	39 MM S/L	237	66
163	Lobby Carpet	6/01/05	2,453			2,453	5 HY 200DB	2,029	283
164	Lobby Glass	6/01/05	800			800	15 HY S/L	187	53
167	Construction Period Utilities	6/01/05	2,435			2,435	39 MM S/L	221	63
168	Autoclave - ES	1/19/05	1,967			1,967	5 HY 200DB	1,627	227
169	Computer - Card Access System	6/01/05	1,449			1,449	5 HY 200DB	1,198	167
170	Entry Mats	6/01/05	824			824	5 HY 200DB	682	95
171	Lab Refirigerator	7/06/05	359			359	5 HY 200DB	297	41
172	Literature Holders	7/31/05	558			558	5 HY 200DB	462	64
173	Interior Design Services	6/01/05	40,000			40,000	39 MM S/L	3,632	1,026
174	Furniture	6/01/05	4,527			4,527	7 HY 200DB	3,113	404
175	Amex charges re. Building	6/01/05	1,256			1,256	39 MM S/L	114	32
178	Fence	10/27/06	1,813			1,813	15 HY S/L	302	121
181	FCC	5/01/06	10,000			10,000	7 MQ200DB	5,809	1,197
182	Laptop	9/30/06	1,817			1,817	5 MQ200DB	1,261	222
183	Physician Equipment	10/07/06	607			607	7 MQ200DB	308	86

59-3092996

## Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
		In Service	Cost							
184	Communication Equipment	10/17/06	7,737				7,737	7 MQ200DB	3,930	1,088
185	Chairs	2/15/06	1,304				1,304	7 MQ200DB	805	142
186	Diamond Glass	11/15/06	1,200				1,200	15 MQ S/L	203	80
187	Suction Machine	10/31/06	400				400	7 MQ200DB	203	56
188	Magnaclave	11/01/06	4,000				4,000	7 MQ200DB	2,032	562
189	WelchAllyn PB Monitor	12/31/06	2,201				2,201	7 MQ200DB	1,118	309
190	Surgical Tools	11/10/06	409				409	7 MQ200DB	208	57
191	Hemocue Machine	11/22/06	600				600	7 MQ200DB	305	84
192	Hemocue Machine	11/22/06	600				600	7 MQ200DB	305	84
193	Recovery room chairs	11/30/06	3,498				3,498	7 MQ200DB	1,777	492
194	Rh view box	11/30/06	506				506	7 MQ200DB	257	71
195	Surgical Equipment	12/01/06	1,881				1,881	7 MQ200DB	955	265
196	Defibrillator	12/12/06	1,500				1,500	7 MQ200DB	762	211
197	Dialator Set Pratt	12/13/06	350				350	7 MQ200DB	178	49
198	Surgical Tools	12/15/06	176				176	7 MQ200DB	89	25
199	Surgical Supplies	12/15/06	1,584				1,584	7 MQ200DB	805	222
200	Surgical Cabinets	12/15/06	7,120				7,120	7 MQ200DB	3,617	1,001
201	Waiting room seats	12/15/06	6,774				6,774	7 MQ200DB	3,441	952
202	Surgical Instruments	12/28/06	400				400	7 MQ200DB	203	56
203	AB crash cart	12/31/06	187				187	7 MQ200DB	95	26
204	AB freezer POC	12/31/06	221				221	7 MQ200DB	113	31
			<u>1,628,345</u>				<u>1,626,420</u>		<u>297,178</u>	<u>61,935</u>

**Other Depreciation:**

33	Microscope	7/21/94	852				852	5 MO S/L	852	0
56	Colposcope	5/27/98	1,600				1,600	5 MO S/L	1,600	0
57	Cryosurgical Freezer	8/27/98	1,004				1,004	5 MO S/L	1,004	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494				494	5 MO S/L	494	0
109	Babies (60)	12/31/03	15,000	X			0	5 MO S/L	15,000	0
111	Equipment - Eastside	3/07/03	4,338	X			0	5 MO S/L	4,338	0
113	Land-726 S Tampa	9/25/03	150,000				150,000	0 -- Land	0	0
124	Phone System	6/01/05	1,092				1,092	7 MO S/L	559	156
179	Practice Xpert Medical Software	1/02/06	18,700				18,700	3 MO Amort	18,700	0
205	Expansion of CCTV System	4/02/07	9,944				9,944	5 MO S/L	3,480	1,989
206	Diamond Glass	4/18/07	2,140				2,140	7 MO S/L	510	305
207	TV	3/30/07	1,449				1,449	5 MO S/L	507	290
208	Mr. Hook-it-Up Mount	4/13/07	699				699	5 MO S/L	245	139
209	CNSG	4/18/07	1,001				1,001	5 MO S/L	334	200
210	First Choice - SAGE	9/30/07	3,685				3,685	5 MO S/L	921	737
211	TBA - Mobile Carriage Track and Shelving	9/17/07	3,317				3,317	5 MO S/L	829	664
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066				1,066	5 MO S/L	266	214
213	Orange Signs	9/30/07	4,328				4,328	7 MO S/L	773	618
214	Donated Medical Equipment	12/31/07	22,200				22,200	5 MO S/L	4,440	4,440
215	Surgical Equipment - January - AB Service:	4/15/07	41,063				41,063	5 MO S/L	14,372	8,213
216	Studio 3 Designs	5/01/07	6,774				6,774	7 MO S/L	1,613	968
217	Dave's Lock & Key	5/10/07	904				904	15 MO S/L	100	61
218	Ferran Services	5/14/07	1,029				1,029	15 MO S/L	114	69
219	Sonographic Machine	6/30/07	15,000				15,000	7 MO S/L	3,214	2,143
220	Build-out - Donated Office Space	6/30/07	118,000				118,000	15 MO S/L	11,800	7,867
221	Surgical Equipment - February	2/28/07	18,447				18,447	7 MO S/L	4,831	2,636
222	Surgical Equipment	5/30/07	24,423				24,423	7 MO S/L	5,524	3,489
223	POWER SOURCE	3/04/08	2,750				2,750	5 MO S/L	458	550
224	SNAP SERVER	4/04/08	2,850				2,850	5 MO S/L	428	570
225	DELL LAPTOP	5/31/08	1,750				1,750	5 MO S/L	204	350
226	VACUUM ASP	6/11/08	552				552	5 MO S/L	64	111
228	SERVER	7/28/08	6,166				6,166	5 MO S/L	514	1,233
229	16 PORT STATION CARD	8/04/08	1,090				1,090	5 MO S/L	91	218
230	LEEP MACHINE	9/30/08	4,502				4,502	7 MO S/L	161	643
232	COMPUTERS - 6 TOTAL	11/05/08	4,446				4,446	5 MO S/L	148	889
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801				2,801	7 MO S/L	400	400
234	ORANGE SIGN	4/03/08	3,463				3,463	15 MO S/L	173	231
235	ORANGE SIGN - FINAL 10	6/25/08	866				866	15 MO S/L	29	58
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800				6,800	5 MO S/L	793	1,360
238	Flooring Installed - West Clinic	8/06/09	7,571				7,571	15 MO S/L	0	210
239	Build-Out - West Clinic	5/13/09	5,728				5,728	15 MO S/L	0	255
240	500 GB Sata Hard Drive for Server	1/19/09	1,899				1,899	5 MO S/L	0	348
241	Server Rack	1/14/09	1,039				1,039	5 MO S/L	0	208
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035				1,035	2 MO S/L	0	474
243	Bullet Proof Window Tinting	9/24/09	1,000				1,000	7 MO S/L	0	36

59-3092996

## Federal Asset Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec		Basis for Depr	PerConv Meth	Prior	Current
				%	179Bonus				
244	Replacement Waiting Room Window	11/30/09	2,500			2,500	7 MO S/L	0	30
245	Dell Smart-UPS Mountable Rack and Instal	2/04/09	23,093			23,093	5 MO S/L	0	4,234
246	3 Dell Computers	5/08/09	1,860			1,860	5 MO S/L	0	248
247	Firewall for Computers	4/15/09	947			947	3 MO Amort	0	237
248	48 Port Switch and Installation - West Clini	3/31/09	4,251			4,251	5 MO S/L	0	638
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520			1,520	7 MO S/L	0	90
250	Ultrasound Machine from Boca Clinic - We	4/01/09	5,000			5,000	7 MO S/L	0	536
251	Ultrasound Probe from Boca Clinic - West t	4/01/09	4,000			4,000	7 MO S/L	0	429
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268			2,268	5 MO S/L	0	416
253	2 DELL Precision T3400 Convertible Mini	5/08/09	1,462			1,462	5 MO S/L	0	195
254	256 MB Security Gateway 20 Port Mini-PII	7/15/09	947			947	5 MO S/L	0	95
255	10 Bierer Forcepts	5/20/09	1,422			1,422	7 MO S/L	0	119
256	Telephone System Software	3/04/09	1,420			1,420	3 MO Amort	0	394
257	Access Software	5/28/09	650			650	3 MO S/L	0	126
258	Compass Software	5/18/09	962			962	3 MO S/L	0	187
259	Pharmacy Door Access Panel	8/12/09	1,974			1,974	7 MO S/L	0	118
260	Sharp MX-2300N Copier	11/24/09	9,595			9,595	7 MO S/L	0	114
261	Sharp MX-M700N Copier	11/24/09	19,190			19,190	7 MO S/L	0	228
<b>Total Other Depreciation</b>			<b>607,918</b>			<b>588,580</b>		<b>99,883</b>	<b>51,776</b>
<b>Total ACRS and Other Depreciation</b>			<b>607,918</b>			<b>588,580</b>		<b>99,883</b>	<b>51,776</b>
<b>Amortization:</b>									
125	Software - Windows Licenses	6/30/04	704			704	3 MO Amort	704	0
165	Practice Expert Software	6/01/05	17,500			17,500	1 MO Amort	17,500	0
166	Metasoft Software	6/01/05	3,595			3,595	5 MO Amort	2,576	719
177	Closing Costs - Suntrust Loan	3/15/05	8,195			8,195	15 MO Amort	2,094	547
227	PRACTICE ONE - ADDTION	6/25/08	10,150			10,150	5 MO Amort	1,184	2,030
231	PRACTICE ONE - ADDTION II	9/30/08	2,988			2,988	5 MO Amort	199	598
237	Loan Cost for LOC	12/23/08	7,010			7,010	1 MO Amort	584	6,426
			<b>50,142</b>			<b>50,142</b>		<b>24,841</b>	<b>10,320</b>
<b>Grand Totals</b>			<b>2,286,405</b>			<b>2,265,142</b>		<b>421,902</b>	<b>124,031</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>2,286,405</b>			<b>2,265,142</b>		<b>421,902</b>	<b>124,031</b>

59-3092996

## State Asset Report

FYE: 12/31/2009

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
<b>Prior MACRS:</b>								
88	2 exam tables	5/30/02	1,772	1,240	1,716	56	56	0
89	Shredder	6/21/02	90	63	87	3	3	0
91	Microscope	6/21/02	530	371	514	16	16	0
92	Lab supplies	6/21/02	125	88	121	4	4	0
93	Autoclave	6/22/02	1,750	1,225	1,695	55	55	0
94	Utility cart	6/24/02	138	97	133	5	5	0
95	Speculums, cart, forceps	6/24/02	972	681	941	31	31	0
97	2 Rolling stools	6/25/02	70	49	68	2	2	0
98	Speculums	6/26/02	106	74	103	3	3	0
99	Cabinet	7/11/02	60	42	58	2	2	0
102	Plastic filing cabinets	8/16/02	67	47	65	2	2	0
103	Speculum	8/16/02	274	192	265	9	9	0
104	Speculums & IV set	8/16/02	178	125	172	6	6	0
107	2 Metal cabinets	8/27/02	290	203	281	9	9	0
112	Bldg - 726 S Tampa	6/01/05	450,000	450,000	40,865	11,539	11,539	0
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041	13,041	1,482	335	335	0
123	Modular Office Units	6/01/05	15,564	15,564	10,702	1,389	1,389	0
126	New Server & Rack Computers	6/01/05	21,208	21,208	17,543	2,443	2,443	0
127	Chart Storage System	6/01/05	2,550	2,550	1,753	228	228	0
128	Building Renovation	6/01/05	107,573	107,573	9,769	2,758	2,758	0
129	Construction Period Taxes	6/01/05	24,696	24,696	2,243	633	633	0
130	Building Renovation	6/01/05	716,246	716,246	65,044	18,365	18,365	0
131	Smartwatch Security System	6/01/05	19,515	19,515	4,554	1,301	1,301	0
132	Chart Storage System	6/01/05	10,265	10,265	7,059	916	916	0
133	Computer Cable Runs	6/01/05	10,023	10,023	8,291	1,155	1,155	0
134	Bellsouth T-1 Line	6/01/05	3,515	3,515	2,908	405	405	0
135	Plasma TV for Waiting Room	6/01/05	3,500	3,500	2,895	403	403	0
136	Overhead Projector	6/01/05	999	999	687	89	89	0
137	Land Survey	6/01/05	900	900	82	23	23	0
138	Workscapes Mod Furniture	6/01/05	60,169	60,169	41,374	5,370	5,370	0
139	Computer	6/01/05	1,441	1,441	1,192	166	166	0
140	Computer	6/01/05	1,441	1,441	1,192	166	166	0
141	Computer	6/01/05	1,441	1,441	1,192	166	166	0
142	Computer	6/01/05	1,441	1,441	1,192	166	166	0
143	Computer	6/01/05	1,441	1,441	1,192	166	166	0
144	Computer	6/01/05	1,441	1,441	1,192	166	166	0
145	Laptop computer	6/01/05	1,589	1,589	1,314	183	183	0
146	HP Laserjet Printer	6/01/05	403	403	333	47	47	0
147	Computer installation	6/01/05	3,753	3,753	3,104	433	433	0
148	DSI Design Services	6/01/05	140	140	13	3	3	0
149	Upholstered Benches	6/01/05	1,500	1,500	1,031	134	134	0
150	Window Blinds	6/01/05	1,540	1,540	1,059	137	137	0
151	Irrigation & Sentricon	6/01/05	3,201	3,201	2,648	369	369	0
152	Studio 3 Design Services	6/01/05	853	853	77	22	22	0
153	City Color Graphics	6/01/05	7,318	7,318	6,053	843	843	0
155	Exam Room Lights & Furniture	6/01/05	6,157	6,157	4,234	550	550	0
156	IPX-500 Phone System Relocation	6/01/05	1,178	1,178	810	105	105	0
157	Mobiles	6/01/05	500	500	344	44	44	0
158	Exterior Signage	6/01/05	4,723	4,723	429	121	121	0
159	Wall Graphics	6/01/05	0	0	0	0	138	138
160	Fencing	6/01/05	2,340	2,340	546	156	156	0
161	Painting - Rothfork	6/01/05	1,000	1,000	688	89	89	0
162	Legal Fees re: Building	6/01/05	2,605	2,605	237	66	66	0
163	Lobby Carpet	6/01/05	2,453	2,453	2,029	283	283	0
164	Lobby Glass	6/01/05	800	800	187	53	53	0
167	Construction Period Utilities	6/01/05	2,435	2,435	221	63	63	0
168	Autoclave - ES	1/19/05	1,967	1,967	1,627	227	227	0
169	Computer - Card Access System	6/01/05	1,449	1,449	1,198	167	167	0
170	Entry Mats	6/01/05	824	824	682	95	95	0
171	Lab Refrigerator	7/06/05	359	359	297	41	41	0
172	Literature Holders	7/31/05	558	558	462	64	64	0
173	Interior Design Services	6/01/05	40,000	40,000	3,632	1,026	1,026	0
174	Furniture	6/01/05	4,527	4,527	3,113	404	404	0
175	Amex charges re. Building	6/01/05	1,256	1,256	114	32	32	0
178	Fence	10/27/06	1,813	1,813	103	46	121	75
181	FCC	5/01/06	10,000	10,000	5,809	1,197	1,197	0
182	Laptop	9/30/06	1,817	1,817	1,261	222	222	0
183	Physician Equipment	10/07/06	607	607	308	86	86	0

59-3092996

## State Asset Report

FYE: 12/31/2009

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
184	Communication Equipment	10/17/06	7,737	7,737	3,930	1,088	1,088	0
185	Chairs	2/15/06	1,304	1,304	805	142	142	0
186	Diamond Glass	11/15/06	1,200	1,200	104	31	80	49
187	Suction Machine	10/31/06	400	400	203	56	56	0
188	Magnaclave	11/01/06	4,000	4,000	2,032	562	562	0
189	WelchAllyn PB Monitor	12/31/06	2,201	2,201	1,118	309	309	0
190	Surgical Tools	11/10/06	409	409	208	57	57	0
191	Hemocue Machine	11/22/06	600	600	305	84	84	0
192	Hemocue Machine	11/22/06	600	600	305	84	84	0
193	Recovery room chairs	11/30/06	3,498	3,498	1,777	492	492	0
194	Rh view box	11/30/06	506	506	257	71	71	0
195	Surgical Equipment	12/01/06	1,881	1,881	955	265	265	0
196	Defibrillator	12/12/06	1,500	1,500	762	211	211	0
197	Dialator Set Pratt	12/13/06	350	350	178	49	49	0
198	Surgical Tools	12/15/06	176	176	89	25	25	0
199	Surgical Supplies	12/15/06	1,584	1,584	805	222	222	0
200	Surgical Cabinets	12/15/06	7,120	7,120	3,617	1,001	1,001	0
201	Waiting room seats	12/15/06	6,774	6,774	3,441	952	952	0
202	Surgical Instruments	12/28/06	400	400	203	56	56	0
203	AB crash cart	12/31/06	187	187	95	26	26	0
204	AB freezer POC	12/31/06	221	221	113	31	31	0
220	Build-out - Donated Office Space	6/30/07	118,000	118,000	4,665	3,025	7,867	4,842
			<u>1,745,145</u>	<u>1,743,220</u>	<u>300,552</u>	<u>64,698</u>	<u>69,802</u>	<u>5,104</u>

**Other Depreciation:**

33	Microscope	7/21/94	852	852	852	0	0	0
56	Colposcope	5/27/98	1,600	1,600	1,600	0	0	0
57	Cryosurgical Freezer	8/27/98	1,004	1,004	1,004	0	0	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494	494	494	0	0	0
109	Babies (60)	12/31/03	15,000	0	15,000	0	0	0
111	Equipment - Eastside	3/07/03	4,338	0	4,338	0	0	0
113	Land-726 S Tampa	9/25/03	150,000	150,000	0	0	0	0
124	Phone System	6/01/05	1,092	1,092	559	156	156	0
179	Practice Xpert Medical Software	1/02/06	18,700	18,700	18,700	0	0	0
205	Expansion of CCTV System	4/02/07	9,944	9,944	3,480	1,989	1,989	0
206	Diamond Glass	4/18/07	2,140	2,140	510	305	305	0
207	TV	3/30/07	1,449	1,449	507	290	290	0
208	Mr Hook-it-Up Mount	4/13/07	699	699	245	139	139	0
209	CNSG	4/18/07	1,001	1,001	334	200	200	0
210	First Choice - SAGE	9/30/07	3,685	3,685	921	737	737	0
211	TBA - Mobile Carriage Track and Shelving	9/17/07	3,317	3,317	829	664	664	0
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066	1,066	266	214	214	0
213	Orange Signs	9/30/07	4,328	4,328	773	618	618	0
214	Donated Medical Equipment	12/31/07	22,200	22,200	4,440	4,440	4,440	0
215	Surgical Equipment - January - AB Service:	4/15/07	41,063	41,063	14,372	8,213	8,213	0
216	Studio 3 Designs	5/01/07	6,774	6,774	1,613	968	968	0
217	Dave's Lock & Key	5/10/07	904	904	39	23	61	38
218	Ferran Services	5/14/07	1,029	1,029	44	26	69	43
219	Sonographic Machine	6/30/07	15,000	15,000	3,214	2,143	2,143	0
221	Surgical Equipment - February	2/28/07	18,447	18,447	4,831	2,636	2,636	0
222	Surgical Equipment	5/30/07	24,423	24,423	5,524	3,489	3,489	0
223	POWER SOURCE	3/04/08	2,750	2,750	458	550	550	0
224	SNAP SERVER	4/04/08	2,850	2,850	428	570	570	0
225	DELL LAPTOP	5/31/08	1,750	1,750	204	350	350	0
226	VACUUM ASP	6/11/08	552	552	64	111	111	0
228	SERVER	7/28/08	6,166	6,166	514	1,233	1,233	0
229	16 PORT STATION CARD	8/04/08	1,090	1,090	91	218	218	0
230	LEEP MACHINE	9/30/08	4,502	4,502	161	643	643	0
232	COMPUTERS - 6 TOTAL	11/05/08	4,446	4,446	148	889	889	0
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801	2,801	400	400	400	0
234	ORANGE SIGN	4/03/08	3,463	3,463	173	231	231	0
235	ORANGE SIGN - FINAL 10	6/25/08	866	866	29	58	58	0
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800	6,800	793	1,360	1,360	0
238	Flooring Installed - West Clinic	8/06/09	7,571	7,571	0	210	210	0
239	Build-Out - West Clinic	5/13/09	5,728	5,728	0	255	255	0
240	500 GB Sata Hard Drive for Server	1/19/09	1,899	1,899	0	348	348	0
241	Server Rack	1/14/09	1,039	1,039	0	208	208	0
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035	1,035	0	474	474	0
243	Bullet Proof Window Tinting	9/24/09	1,000	1,000	0	36	36	0



59-3092996

## State Asset Report

FYE: 12/31/2009

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
244	Replacement Waiting Room Window	11/30/09	2,500	2,500	0	30	30	0
245	Dell Smart-UPS Mountable Rack and Instal	2/04/09	23,093	23,093	0	4,234	4,234	0
246	3 Dell Computers	5/08/09	1,860	1,860	0	248	248	0
247	Firewall for Computers	4/15/09	947	947	0	237	237	0
248	48 Port Switch and Installation - West Clini	3/31/09	4,251	4,251	0	638	638	0
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520	1,520	0	90	90	0
250	Ultrasound Machine from Boca Clinic - We	4/01/09	5,000	5,000	0	536	536	0
251	Ultrasound Probe from Boca Clinic - West C	4/01/09	4,000	4,000	0	429	429	0
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268	2,268	0	416	416	0
253	2 DELL Precision T3400 Convertible Mini	5/08/09	1,462	1,462	0	195	195	0
254	256 MB Security Gateway 20 Port Mini-PII	7/15/09	947	947	0	95	95	0
255	10 Bierer Forceps	5/20/09	1,422	1,422	0	119	119	0
256	Telephone System Software	3/04/09	1,420	1,420	0	394	394	0
257	Access Software	5/28/09	650	650	0	126	126	0
258	Compass Software	5/18/09	962	962	0	187	187	0
259	Pharmacy Door Access Panel	8/12/09	1,974	1,974	0	118	118	0
260	Sharp MX-2300N Copier	11/24/09	9,595	9,595	0	114	114	0
261	Sharp MX-M700N Copier	11/24/09	19,190	19,190	0	228	228	0
<b>Total Other Depreciation</b>			<b>489,918</b>	<b>470,580</b>	<b>87,952</b>	<b>43,828</b>	<b>43,909</b>	<b>81</b>
<b>Total ACRS and Other Depreciation</b>			<b>489,918</b>	<b>470,580</b>	<b>87,952</b>	<b>43,828</b>	<b>43,909</b>	<b>81</b>
<b>Amortization:</b>								
125	Software - Windows Licenses	6/30/04	704	704	704	0	0	0
165	Practice Expert Software	6/01/05	17,500	17,500	17,500	0	0	0
166	Metasoft Software	6/01/05	3,595	3,595	2,576	719	719	0
177	Closing Costs - Suntrust Loan	3/15/05	8,195	8,195	2,094	547	547	0
227	PRACTICE ONE - ADDTION	6/25/08	10,150	10,150	1,184	2,030	2,030	0
231	PRACTICE ONE - ADDTION II	9/30/08	2,988	2,988	199	598	598	0
237	Loan Cost for LOC	12/23/08	7,010	7,010	584	6,426	6,426	0
			<b>50,142</b>	<b>50,142</b>	<b>24,841</b>	<b>10,320</b>	<b>10,320</b>	<b>0</b>
<b>Grand Totals</b>			<b>2,285,205</b>	<b>2,263,942</b>	<b>413,345</b>	<b>118,846</b>	<b>124,031</b>	<b>5,185</b>
<b>Less: Dispositions</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>2,285,205</b>	<b>2,263,942</b>	<b>413,345</b>	<b>118,846</b>	<b>124,031</b>	<b>5,185</b>

59-3092996

**Bonus Depreciation Report**

FYE: 12/31/2009

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

# Depreciation Adjustment Report

## All Business Activities

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

59-3092996

## Future Depreciation Report

FYE: 12/31/10

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
88	2 exam tables	5/30/02	1,772	0	0
89	Shredder	6/21/02	90	0	0
91	Microscope	6/21/02	530	0	0
92	Lab supplies	6/21/02	125	0	0
93	Autoclave	6/22/02	1,750	0	0
94	Utility cart	6/24/02	138	0	0
95	Speculums, cart, forceps	6/24/02	972	0	0
97	2 Rolling stools	6/25/02	70	0	0
98	Speculums	6/26/02	106	0	0
99	Cabinet	7/11/02	60	0	0
102	Plastic filing cabinets	8/16/02	67	0	0
103	Speculum	8/16/02	274	0	0
104	Speculums & IV set	8/16/02	178	0	0
107	2 Metal cabinets	8/27/02	290	0	0
112	Bldg - 726 S Tampa	6/01/05	450,000	11,538	0
121	Closing Costs - 726 S Tampa Ave	12/31/04	13,041	334	0
123	Modular Office Units	6/01/05	15,564	1,389	0
126	New Server & Rack Computers	6/01/05	21,208	1,222	0
127	Chart Storage System	6/01/05	2,550	228	0
128	Building Renovation	6/01/05	107,573	2,758	0
129	Construction Period Taxes	6/01/05	24,696	633	0
130	Building Renovation	6/01/05	716,246	18,365	0
131	Smartwatch Security System	6/01/05	19,515	1,301	0
132	Chart Storage System	6/01/05	10,265	916	0
133	Computer Cable Runs	6/01/05	10,023	577	0
134	Bellsouth T-1 Line	6/01/05	3,515	202	0
135	Plasma TV for Waiting Room	6/01/05	3,500	202	0
136	Overhead Projector	6/01/05	999	89	0
137	Land Survey	6/01/05	900	23	0
138	Workspaces Mod Furniture	6/01/05	60,169	5,370	0
139	Computer	6/01/05	1,441	83	0
140	Computer	6/01/05	1,441	83	0
141	Computer	6/01/05	1,441	83	0
142	Computer	6/01/05	1,441	83	0
143	Computer	6/01/05	1,441	83	0
144	Computer	6/01/05	1,441	83	0
145	Laptop computer	6/01/05	1,589	92	0
146	HP Laserjet Printer	6/01/05	403	23	0
147	Computer installation	6/01/05	3,753	216	0
148	DSI Design Services	6/01/05	140	4	0
149	Upholstered Benches	6/01/05	1,500	134	0
150	Window Blinds	6/01/05	1,540	138	0
151	Irrigation & Sentricon	6/01/05	3,201	184	0
152	Studio 3 Design Services	6/01/05	853	22	0
153	City Color Graphics	6/01/05	7,318	422	0
155	Exam Room Lights & Furniture	6/01/05	6,157	549	0
156	IPX-500 Phone System Relocation	6/01/05	1,178	105	0
157	Mobiles	6/01/05	500	45	0
158	Exterior Signage	6/01/05	4,723	121	0
159	Wall Graphics	6/01/05	1,200	69	0
160	Fencing	6/01/05	2,340	156	0
161	Painting - Rothfork	6/01/05	1,000	89	0
162	Legal Fees re. Building	6/01/05	2,605	67	0
163	Lobby Carpet	6/01/05	2,453	141	0
164	Lobby Glass	6/01/05	800	53	0
167	Construction Period Utilities	6/01/05	2,435	62	0
168	Autoclave - ES	1/19/05	1,967	113	0
169	Computer - Card Access System	6/01/05	1,449	84	0
170	Entry Mats	6/01/05	824	47	0
171	Lab Refrigerator	7/06/05	359	21	0
172	Literature Holders	7/31/05	558	32	0
173	Interior Design Services	6/01/05	40,000	1,026	0
174	Furniture	6/01/05	4,527	404	0
175	Amex charges re. Building	6/01/05	1,256	32	0
178	Fence	10/27/06	1,813	121	0
181	FCC	5/01/06	10,000	887	0
182	Laptop	9/30/06	1,817	206	0

Asset	Description	Date In Service	Cost	Tax	AMT
183	Physician Equipment	10/07/06	607	61	0
184	Communication Equipment	10/17/06	7,737	777	0
185	Chairs	2/15/06	1,304	114	0
186	Diamond Glass	11/15/06	1,200	80	0
187	Suction Machine	10/31/06	400	41	0
188	Magnaclave	11/01/06	4,000	402	0
189	WelchAllyn PB Monitor	12/31/06	2,201	221	0
190	Surgical Tools	11/10/06	409	41	0
191	Hemocue Machine	11/22/06	600	61	0
192	Hemocue Machine	11/22/06	600	61	0
193	Recovery room chairs	11/30/06	3,498	351	0
194	Rh view box	11/30/06	506	51	0
195	Surgical Equipment	12/01/06	1,881	189	0
196	Defibrillator	12/12/06	1,500	150	0
197	Dialator Set Pratt	12/13/06	350	36	0
198	Surgical Tools	12/15/06	176	18	0
199	Surgical Supplies	12/15/06	1,584	159	0
200	Surgical Cabinets	12/15/06	7,120	715	0
201	Waiting room seats	12/15/06	6,774	681	0
202	Surgical Instruments	12/28/06	400	41	0
203	AB crash cart	12/31/06	187	19	0
204	AB freezer POC	12/31/06	221	22	0
			<u>1,628,345</u>	<u>55,601</u>	<u>0</u>

**Other Depreciation:**

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

59-3092996

**Future Depreciation Report****FYE: 12/31/10**

FYE: 12/31/2009

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035	518	0
243	Bullet Proof Window Tinting	9/24/09	1,000	143	0
244	Replacement Waiting Room Window	11/30/09	2,500	357	0
245	Dell Smart-UPS Mountable Rack and Installatio	2/04/09	23,093	4,618	0
246	3 Dell Computers	5/08/09	1,860	372	0
247	Firewall for Computers	4/15/09	947	315	0
248	48 Port Switch and Installation - West Clinic	3/31/09	4,251	850	0
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520	218	0
250	Ultrasound Machine from Boca Clinic - West Cl	4/01/09	5,000	714	0
251	Ultrasound Probe from Boca Clinic - West Clin	4/01/09	4,000	571	0
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268	453	0
253	2 DELL Precision T3400 Convertible Mini Tow	5/08/09	1,462	292	0
254	256 MB Security Gateway 20 Port Mini-PIM	7/15/09	947	189	0
255	10 Bierer Forcepts	5/20/09	1,422	203	0
256	Telephone System Software	3/04/09	1,420	474	0
257	Access Software	5/28/09	650	217	0
258	Compass Software	5/18/09	962	321	0
259	Pharmacy Door Access Panel	8/12/09	1,974	282	0
260	Sharp MX-2300N Copier	11/24/09	9,595	1,371	0
261	Sharp MX-M700N Copier	11/24/09	19,190	2,742	0
<b>Total Other Depreciation</b>			<b>607,918</b>	<b>58,501</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>607,918</b>	<b>58,501</b>	<b>0</b>
<b>Amortization:</b>					
125	Software - Windows Licenses	6/30/04	704	0	0
165	Practice Expert Software	6/01/05	17,500	0	0
166	Metasoft Software	6/01/05	3,595	300	0
177	Closing Costs - Suntrust Loan	3/15/05	8,195	546	0
227	PRACTICE ONE - ADDTION	6/25/08	10,150	2,030	0
231	PRACTICE ONE - ADDTION II	9/30/08	2,988	597	0
237	Loan Cost for LOC	12/23/08	7,010	0	0
			<b>50,142</b>	<b>3,473</b>	<b>0</b>
<b>Grand Totals</b>			<b>2,286,405</b>	<b>117,575</b>	<b>0</b>

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

Asset	Description	Date In Service	Cost	State
183	Physician Equipment	10/07/06	607	61
184	Communication Equipment	10/17/06	7,737	777
185	Chairs	2/15/06	1,304	114
186	Diamond Glass	11/15/06	1,200	31
187	Suction Machine	10/31/06	400	41
188	Magnaclave	11/01/06	4,000	402
189	WeichAilyn PB Monitor	12/31/06	2,201	221
190	Surgical Tools	11/10/06	409	41
191	Hemocue Machine	11/22/06	600	61
192	Hemocue Machine	11/22/06	600	61
193	Recovery room chairs	11/30/06	3,498	351
194	Rh view box	11/30/06	506	51
195	Surgical Equipment	12/01/06	1,881	189
196	Defibrillator	12/12/06	1,500	150
197	Dialator Set Pratt	12/13/06	350	36
198	Surgical Tools	12/15/06	176	18
199	Surgical Supplies	12/15/06	1,584	159
200	Surgical Cabinets	12/15/06	7,120	715
201	Waiting room seats	12/15/06	6,774	681
202	Surgical Instruments	12/28/06	400	41
203	AB crash cart	12/31/06	187	19
204	AB freezer POC	12/31/06	221	22
			<u>1,627,145</u>	<u>55,409</u>

**Other Depreciation:**

33	Microscope	7/21/94	852	0
56	Colposcope	5/27/98	1,600	0
57	Cryosurgical Freezer	8/27/98	1,004	0
61	Tischler Biopsy Punch 3x7mm	6/11/99	494	0
109	Babies (60)	12/31/03	15,000	0
111	Equipment - Eastside	3/07/03	4,338	0
113	Land-726 S Tampa	9/25/03	150,000	0
124	Phone System	6/01/05	1,092	156
179	Practice Xpert Medical Software	1/02/06	18,700	0
205	Expansion of CCTV System	4/02/07	9,944	1,989
206	Diamond Glass	4/18/07	2,140	306
207	TV	3/30/07	1,449	290
208	Mr Hook-it-Up Mount	4/13/07	699	140
209	CNSG	4/18/07	1,001	200
210	First Choice - SAGE	9/30/07	3,685	737
211	TBA - Mobile Carriage Track and Shelving	9/17/07	3,317	663
212	Surgical Equipment ES PSS #39648792	9/28/07	1,066	213
213	Orange Signs	9/30/07	4,328	619
214	Donated Medical Equipment	12/31/07	22,200	4,440
215	Surgical Equipment - January - AB Services	4/15/07	41,063	8,212
216	Studio 3 Designs	5/01/07	6,774	967
217	Dave's Lock & Key	5/10/07	904	23
218	Ferran Services	5/14/07	1,029	27
219	Sonographic Machine	6/30/07	15,000	2,143
220	Build-out - Donated Office Space	6/30/07	118,000	3,026
221	Surgical Equipment - February	2/28/07	18,447	2,635
222	Surgical Equipment	5/30/07	24,423	3,490
223	POWER SOURCE	3/04/08	2,750	550
224	SNAP SERVER	4/04/08	2,850	570
225	DELL LAPTOP	5/31/08	1,750	350
226	VACUUM ASP	6/11/08	552	110
228	SERVER	7/28/08	6,166	1,233
229	16 PORT STATION CARD	8/04/08	1,090	218
230	LEEP MACHINE	9/30/08	4,502	643
232	COMPUTERS - 6 TOTAL	11/05/08	4,446	890
233	COLPO MACHINE 300M SCOPE	1/11/08	2,801	400
234	ORANGE SIGN	4/03/08	3,463	231
235	ORANGE SIGN - FINAL 10	6/25/08	866	57
236	CNSG - TEL SYSTEM UPDATE	6/01/08	6,800	1,360
238	Flooring Installed - West Clinic	8/06/09	7,571	505
239	Build-Out - West Clinic	5/13/09	5,728	381
240	500 GB Sata Hard Drive for Server	1/19/09	1,899	380
241	Server Rack	1/14/09	1,039	208



Asset	Description	Date In Service	Cost	State
242	AVG Anti-Malware 30 Users for 2 Years	2/04/09	1,035	518
243	Bullet Proof Window Tinting	9/24/09	1,000	143
244	Replacement Waiting Room Window	11/30/09	2,500	357
245	Dell Smart-UPS Mountable Rack and Installatio	2/04/09	23,093	4,618
246	3 Dell Computers	5/08/09	1,860	372
247	Firewall for Computers	4/15/09	947	315
248	48 Port Switch and Installation - West Clinic	3/31/09	4,251	850
249	4 Recovery Room Chairs - West Clinic	7/29/09	1,520	218
250	Ultrasound Machine from Boca Clinic - West Cl	4/01/09	5,000	714
251	Ultrasound Probe from Boca Clinic - West Clin	4/01/09	4,000	571
252	4 Vostro 200 Dell Mini tower Computers	1/31/09	2,268	453
253	2 DELL Precision T3400 Convertible Mini Tow.	5/08/09	1,462	292
254	256 MB Security Gateway 20 Port Mini-PIM	7/15/09	947	189
255	10 Bierer Forcepts	5/20/09	1,422	203
256	Telephone System Software	3/04/09	1,420	474
257	Access Software	5/28/09	650	217
258	Compass Software	5/18/09	962	321
259	Pharmacy Door Access Panel	8/12/09	1,974	282
260	Sharp MX-2300N Copier	11/24/09	9,595	1,371
261	Sharp MX-M700N Copier	11/24/09	19,190	2,742
<b>Total Other Depreciation</b>			<b>607,918</b>	<b>53,582</b>
<b>Total ACRS and Other Depreciation</b>			<b>607,918</b>	<b>53,582</b>

**Amortization:**

125	Software - Windows Licenses	6/30/04	704	0
165	Practice Expert Software	6/01/05	17,500	0
166	Metasoft Software	6/01/05	3,595	300
177	Closing Costs - Suntrust Loan	3/15/05	8,195	546
227	PRACTICE ONE - ADDTION	6/25/08	10,150	2,030
231	PRACTICE ONE - ADDTION II	9/30/08	2,988	597
237	Loan Cost for LOC	12/23/08	7,010	0
			<b>50,142</b>	<b>3,473</b>
<b>Grand Totals</b>			<b>2,285,205</b>	<b>112,464</b>

### Federal Statements

#### Tax-Exempt Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST INCOME	\$ 533		14		
TOTAL	<u>\$ 533</u>				

### Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 181	181	\$	\$
PROFESSIONAL FEES	3,008	3,008		
PROFESSIONAL FEES	18,479		18,479	
<b>TOTAL</b>	<b>\$ 21,668</b>	<b>\$ 3,189</b>	<b>\$ 18,479</b>	<b>\$ 0</b>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRAINING	\$ 162	162	\$	\$
TRAINING-EDUCATION	150	150		
<b>TOTAL</b>	<b>\$ 312</b>	<b>\$ 312</b>	<b>\$ 0</b>	<b>\$ 0</b>

Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2009</b>
For calendar year 2009, or tax year beginning _____, and ending _____		

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

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

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>10,625</b>	<b>4,899</b>	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>10,625</b>	<b>4,899</b>	

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2009</b>
For calendar year 2009, or tax year beginning _____, and ending _____		

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

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

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>323,067</b>	<b>264,557</b>
(2)	<b>78,000</b>	<b>97,000</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>401,067</b>	<b>361,557</b>

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

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172  
**2009**  
 Attachment Sequence No **67**

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

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

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	88,034
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	32,382
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	32,382

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	51,776

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	61,935
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	113,711
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

**Section B—Information on Use of Vehicles**

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

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

**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 employees?	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**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2009 tax year (see instructions)						
43 Amortization of costs that began before your 2009 tax year					43	10,320
44 Total. Add amounts in column (f). See the instructions for where to report					44	10,320

Form **8868**  
(Rev April 2009)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

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

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **CAROL HENRION**

Telephone No ▶ **407-246-1788** FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10** , to file the exempt organization return for the organization named above The extension is for the organization's return for  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$ <u>          0          </u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)