

Return of Organization Exempt From Income Tax

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

0709

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning Oct 1, 2006, and ending Sep 30, 2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Planned Parenthood of South Palm Beach & Broward Counties, Inc. D Employer identification number: 59-1989443 E Telephone number: (561) 394-3540 F Accounting method: Accrual

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

H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling?

G Web site: www.lovecarefully.org

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

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

I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,361,648.

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

Table with 21 rows and 3 columns: Description, Sub-column, Amount. Includes rows for Contributions, Program service revenue, Other investment income, Special events, and Total revenue/expenses.

SCANNED SEP 20 2008

EXPENSES

NET ASSETS

9-17

048.047

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25a	114,050.	87,917.	14,675.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,513,117.	1,165,278.	197,272.
27 Pension plan contributions not included on lines 25a, b, and c	27	5,072.	3,547.	729.
28 Employee benefits not included on lines 25a - 27	28	62,569.	45,956.	9,129.
29 Payroll taxes	29	204,524.	158,739.	27,863.
30 Professional fundraising fees	30	238,350.		238,350.
31 Accounting fees	31	124,585.	101,872.	22,713.
32 Legal fees	32			0.
33 Supplies	33	181,573.	181,573.	0.
34 Telephone	34	73,240.	58,821.	9,804.
35 Postage and shipping	35	25,300.	19,224.	3,219.
36 Occupancy	36	257,464.	239,453.	11,848.
37 Equipment rental and maintenance	37	20,426.	18,682.	0.
38 Printing and publications	38	10,600.	4,368.	376.
39 Travel	39	16,608.	10,854.	5,314.
40 Conferences, conventions, and meetings	40	23,582.	14,793.	8,078.
41 Interest	41	59,738.	56,760.	2,978.
42 Depreciation, depletion, etc (attach schedule)	42	176,324.	61,099.	113,879.
43 Other expenses not covered above (itemize):				
a Advertising	43a	112,252.	67,594.	447.
b Bad Debts	43b	184,418.	184,418.	0.
c Bank Charges	43c	42,095.	40,320.	1,775.
d Computer Expense	43d	36,961.	28,500.	4,761.
e Contraceptive Supplies	43e	234,379.	234,379.	0.
f Community Development	43f	1,220.	1,049.	0.
g See Other Expenses Stmt	43g	524,849.	394,597.	56,896.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	4,243,296.	3,179,793.	491,756.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? **To promote, encourage, and provide family planning and reprod**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

<p>a Patient Services - Well Women Gym, Family Planning Pregnancy Testing and Counseling, Sexually Transmitted Disease/Infection Testing and Treatment, HIV Testing and Referral, Vasectomy Service, Limited Primary Care Counseling (15 Volunteers, Participant Count 12,000) (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,593,916.</p>
<p>b Education-Community Education to Professionals, Parents, Youth, Adults regarding such topics as Responsible Sexuality, Family Planning, Effective Communication, and more. Approximate number of people attending programs was (2 Volunteers, Participant Count 1,500) (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>26,857.</p>
<p>c Public Affairs-Representation and Communication in the Community to Advocate and Promote our Mission Regarding Reproductive Rights, Unintended Pregnancy Prevention and Stable Family Life. (2 Volunteers, Participant Count 100) (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>66,760.</p>
<p>d Teen Society Programs-Community Education to Reduce the Incidence of Teen Pregnancy and Sexually Transmitted Diseases. (Participant Count 200) (Grants and allocations \$ 492,260.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>492,260.</p>
<p>e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p></p>
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>3,179,793.</p>

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash - non-interest-bearing	358,051.	45	127,357.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	14,885.		
	b Less: allowance for doubtful accounts		47c	14,885.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts	85,388.	48c	
	49 Grants receivable	111,592.	49	11,923.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	114,359.	52	57,390.
	53 Prepaid expenses and deferred charges	53,118.	53	1,770.
	54a Investments - publicly-traded securities			
	b Investments - other securities (attach sch) L-54b.Stmt			
55a Investments - land, buildings, & equipment: basis				
b Less accumulated depreciation (attach schedule)				
56 Investments - other (attach schedule)				
57a Land, buildings, and equipment: basis	2,165,648.			
b Less: accumulated depreciation (attach schedule) L-57.Stmt	1,135,553.	1,130,624.	57c	1,030,095.
58 Other assets, including program-related investments (describe)	10,565.	58	13,311.	
59 Total assets (must equal line 74). Add lines 45 through 58	2,177,563.	59	1,459,062.	
LIABILITIES	60 Accounts payable and accrued expenses	198,267.	60	550,857.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	813,015.	64b	769,811.
	65 Other liabilities (describe)	102,389.	65	
66 Total liabilities. Add lines 60 through 65	1,113,671.	66	1,320,668.	
FUNDS	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	773,518.	67	138,394.
	68 Temporarily restricted	107,002.	68	
	69 Permanently restricted	183,372.	69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	1,063,892.	73	138,394.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,177,563.	74	1,459,062.

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

a	Total revenue, gains, and other support per audited financial statements		a	3,536,650.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2	68,000.	
	3 Recoveries of prior year grants	b3	107,002.	
	4 Other (specify):			
	<u>direct expenses special events</u>	b4	43,850.	
	Add lines b1 through b4			b 218,852.
c	Subtract line b from line a			c 3,317,798.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2			d
e	Total revenue (Part I, line 12). Add lines c and d			e 3,317,798.

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

a	Total expenses and losses per audited financial statements		a	4,355,146.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1	68,000.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):			
	<u>direct expenses special events</u>	b4	43,850.	
	Add lines b1 through b4			b 111,850.
c	Subtract line b from line a			c 4,243,296.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2			d
e	Total expenses (Part I, line 17). Add lines c and d			e 4,243,296.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>Robin Witt</u> 3551 East Sandpiper Drive #8 Boynton Beach, Fl 33436	Chair P/T	0.	0.	0.
<u>Marlene Gschwendtner</u> 22400 Martella Avenue Boca Raton, Fl 33433	Vice Chair P/T	0.	0.	0.
<u>Jane A. Gross</u> 6700 E. Tropical Way Plantation, Fl 33317	Secretary P/T	0.	0.	0.
<u>Anthony Foster</u> 5343 NW 106 Drive Coral Springs, Fl 33076	Treasurer P/T	0.	0.	0.
<u>Alex Arreaza, Esquire</u> 680 Rockhill Ave Davie, Fl 33325	Member P/T	0.	0.	0.
See List of Officers, Etc Statement				

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

Yes No

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings... 11. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s). 75c: Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'. 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

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

Part VI Other Information (See the instructions.)

Yes No

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

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82 b 68,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter. Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ FL		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b	42
91 a	The books are in care of ▶ Hal Eckard Telephone number ▶ (561) 394-3540		
	Located at ▶ 455 NW 35th Street Boca Raton, FL ZIP + 4 ▶ 33431		
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)?	91 b	X
	If 'Yes,' enter the name of the foreign country ▶		

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year _____ ▶ 92

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Fees for Services					2,581,187.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	6,341.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	25,616.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	7,886.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a _____					
b Miscellaneous			01	17,827.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				57,670.	2,581,187.
105 Total (add line 104, columns (B), (D), and (E))					2,638,857.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Fee for providing medical service, family planning services and educational services to individuals within the community served.

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

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

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

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

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

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

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: Hal Eckard Date: 8/15/08

Type or print name and title: Hal Eckard CFO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 08/15/08 Check if self-employed:

Firm's name (or yours if self-employed): S. Davis & Associates, P.A. Preparer's SSN or PTIN (See General Instruction W)

address, and ZIP + 4: 2521 Hollywood Blvd. Hollywood FL 33020 EIN:

Phone no.: (954) 927-5900

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

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

2006

Supplementary Information — (See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

Planned Parenthood of South Palm Beach & Broward Counties, Inc.

59-1989443

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Dr. Laremont</u> 455 NW 35 Street Boca Raton, Fl 33431	DR 40	63,298.	0.	0.
<u>Rubin Howell</u> 455 NW 35 Street Boca Raton, Fl 33431	ARNP 40	50,493.	0.	0.
<u>Erik Andrews</u> 455 NW 35 Street Boca Raton, Fl 33431	ARNP 40	68,571.	0.	0.

Total number of other employees paid over \$50,000 ▶	None			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>Ricksar Financial Services</u> 1865 SW 4 Ave #D7 Delray Beach, Fl 33444	Financial Services	106,845.
<u>Promed Professional</u> 18 E 41 St New York, NY 10017	Nurses	52,885.
<u>Lustgarten Communications</u> 18509 Homewood Blvd # 408 Delray Beach, Fl 33445	ARNP	52,355.

Total number of others receiving over \$50,000 for professional services ▶	None	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>None</u>		

Total number of other contractors receiving over \$50,000 for other services ▶	None	

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
See Part V, Form 990				
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____			0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

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

Provide the following information about the supported organizations. (See instructions.)

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	901,245.	891,913.	1,199,376.	1,444,438.	4,436,972.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	2,855,379.	2,807,711.	2,008,330.	1,728,083.	9,399,503.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	18,296.	10,014.	4,283.	3,687.	36,280.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See I-22 Stmt	61,205.	9,936.	12,242.	11,042.	94,425.
23 Total of lines 15 through 22	3,836,125.	3,719,574.	3,224,231.	3,187,250.	13,967,180.
24 Line 23 minus line 17	980,746.	911,863.	1,215,901.	1,459,167.	4,567,677.
25 Enter 1% of line 23	38,361.	37,196.	32,242.	31,873.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 91,354.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 4,567,677.
d Add Amounts from column (e) for lines: 18 36,280. 19 _____					26d 130,705.
22 94,425. 26b _____					26e 4,436,972.
e Public support (line 26c minus line 26d total)					26f 97.14 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person' Do not file this list with your return. Enter the sum of such amounts for each year. (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____					27d
d Add Line 27a total _____ and line 27b total _____					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

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

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33 a		
b	Admissions policies?	33 b		
c	Employment of faculty or administrative staff?	33 c		
d	Scholarships or other financial assistance?	33 d		
e	Educational policies?	33 e		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

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

N/A

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 .. \$1,000,000 ..	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 ..	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 ..	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e)) ..				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e)) ..				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body ..		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means ..		X	
i Total lobbying expenditures (add lines c through h.)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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

Table with 3 columns: Description, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Multiple empty rows provided for data entry.

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

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1: Florida Planned Parenthood Affiliates, 501 (C) (4), Affiliate.

Name as Shown on Return

Planned Parenthood of South Palm Beach & Broward Counties, Inc.

Employer Identification No.

59-1989443

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Mary Capobianco	108,978.	84,370.	13,946.	10,662.
Total Compensation Received	108,978.	84,370.	13,946.	10,662.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Mary Capobianco	5,072.	3,547.	729.	796.
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	5,072.	3,547.	729.	796.

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a	114,050.	87,917.	14,675.	11,458.

Form 990, Page 1, Line 7

Other Investment Income Statement

Other investment income (describe)

Unrealized gains	11,762.
Realized Gains	13,854.
Total	25,616.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Educational Supplies	9,417.	9,417.	0.	0.
Fundraising Event Expense	48,962.	4,477.	318.	44,167.
Insurance	80,646.	74,993.	2,951.	2,702.
Lab Fees	190,328.	190,328.	0.	0.
Miscellaneous	27,176.	17,399.	8,123.	1,654.
National Support Program	36,806.	28,333.	5,122.	3,351.
Office Expense	64,297.	34,256.	27,662.	2,379.
Participant Expense	28,911.	28,911.	0.	0.
Staff Development	23,468.	5,386.	6,787.	11,295.
Subscription & Dues	14,838.	1,097.	5,933.	7,808.
Total	524,849.	394,597.	56,896.	73,356.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Janet Boyle 1601 E. Lake Drive Ft. Lauderdale, Fl 33316	Member P/T	0.	0.	0.
Vivian Burch 7469 Kingsly Court Lake Worth, Fl 33467	Member P/T	0.	0.	0.
Wendy Taylor 13616 Kiltie Court Delray Beach, Fl 33446	Member P/T	0.	0.	0.
Rev Mathieu Jean-Baptiste 4090 Coconut Road Lake Worth, Fl 33461	Member P/T	0.	0.	0.
Harriet S. Leach 2855 West Commercial Blvd #447 Port Lauderdale, Fl 33309	Honorary Trustee P/T	0.	0.	0.
Polly Kaltenbacher 440 Intercoastal Drive Highland Beach, FL 33487	Honorary Trustee P/T	0.	0.	0.

Form 990, Page 5, Part V-A
List of Officers, Etc. Statement

Continued

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Mary Capobianco 455 NE 35 Street Boca Raton, FL 33431	CEO 40	108,978.	5,072.	0.

Form 990, Page 4, Part IV, Line 54b
Investments - Other Securities Statement

Common Stocks	234,162.	202,331.
Total	<u>234,162.</u>	<u>202,331.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b
Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Land	301,000.	0.	301,000.
Office Furniture	232,561.	139,741.	92,820.
Furniture and Fixtures	131,393.	104,584.	26,809.
Medical Equipment	114,247.	87,056.	27,191.
Buildings	755,544.	344,720.	410,824.
Building Improvements	549,257.	396,860.	152,397.
Leasehold Improvements	81,646.	62,592.	19,054.
Total	<u>2,165,648.</u>	<u>1,135,553.</u>	<u>1,030,095.</u>

Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Miscellaneous	61,205.	9,936.	12,242.	11,042.	94,425.
Total	<u>61,205.</u>	<u>9,936.</u>	<u>12,242.</u>	<u>11,042.</u>	<u>94,425.</u>

Supporting Statement of:

Form 990 p 2/Line 36 column (B)

Description	Amount
Rent	114,975.
Maintenance and repairs	48,970.
Utilities	75,508.
Total	<u>239,453.</u>

Supporting Statement of:

Form 990 p 2/Line 36 column (C)

Description	Amount
Maintenance and repairs	6,897.
Utilities	4,951.
Total	<u>11,848.</u>

Supporting Statement of:

Form 990 p 2/Line 36 column (D)

Description	Amount
Maintenance and repairs	1,969.
Utilities	4,194.
Total	<u>6,163.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (A)

Description	Amount
Note Payable 9% due January 2008	9,577.
Note Payable 9% due January 2008	14,424.
Note Payable 6.75% due January 2020	237,007.
Note Payable 8.375% due May 2011 2008	552,007.
Total	<u>813,015.</u>

Supporting Statement of:

Form 990 p 4/Line 64b, column (B)

Description	Amount
Note Payable 9% 637/mo due January 2008	2,494.
Note Payable 9% 635/mo due October 2008	7,835.
Note Payable 6.75% 2,250/mo due January 2020	225,617.
Note Payable 8.375% 5,515 mo due May 2011 2008	533,865.
Total	<u>769,811.</u>