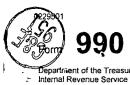
For Paperwork Reduction Act Notice, see the separate instructions. DAA



ent of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information

2017 Open to Public Inspection

_	ror un	e 2017 Caleridar year, of tax year beginning $01/01/11$ , and ending $00/30/11$	<u> </u>		
В	Check if a	pplicable C Name of organization		D Employer	identification number
	Address	shange PLANNED PARENTHOOD OF SW OREGON			
$\exists$	Alama ab	Doing business as		93-0	573822
닏	Name cha	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	e number
	Initial retu			541-	<u>344-2632</u>
	Final retu terminate			Ī	
$\exists$		LEUGENE OR 97403		G Gross rece	eipts\$ 5,186,786
$\sqsubseteq$	Amended	F Name and address of principal officer			
Ш	Application	on pending LISA GARDNER	H(a) Is this a g	roup return for su	ubordinates? Yes X No
		3579 FRANKLIN BLVD	H(b) Are all su	ibordinates inclu	uded? Yes No
		EUGENE OR 97403 32	If "No	," attach a list	(see instructions)
_			-		,
÷			┥		_
<u></u>	Website			emption numbe	
			Year of formation	1966	M State of legal domicile OF
	art I	Summary /			
	1 1	Briefly describe the organization's mission or most significant activities			
9	1	TO ENSURE THE RIGHT OF ALL INDIVIDUALS TO MANAGE THEIR	SEXUAL F	AND	
aŭ	ĺ	REPRODUCTIVE HEALTH, BY PROVIDING HEALTH SERVICES, EDU	CATION, F	AND ADVO	DCACY.
E.	1				
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 2	5% of its net as	sets	
<u>ن</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
ς	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21
ij	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
댨	. ء	Total number of individuals employed in calendar year 2017 (Fait V, line 2a)  Total number of volunteers (estimate if necessary)		6	80
Ă		• • • • • • • • • • • • • • • • • • • •		<del></del>	
	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
_	b	Net unrelated business taxable income from Form 990-T, line 34	ĎV	7b	0
	.	Contributions and grants (Dort VIII, line 1h)	Prior Yo	8,043	<u>Current Year</u> 789,970
e	0	Contributions and grants (Part VIII, line 1h)			
Revenue	9	Program service revenue (Part VIII, line 2g)		3,725	4,364,511
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,781	30,724
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,295	<u>1,581</u>
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,13	5,254	5,186,786
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,21	5,738	2,870,413
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
ē	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶ 209, 210			
ũ	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,12	1,273	2,607,378
				7,011	5,477,791
	19	Total expenses Add lines 13–17 (must equal Part IX, column (4) fine 25)		8,243	
- 58		Reteride 1635 expenses dubitate line 16 fforti line 12 v	Beginning of Cu		End of Year
Net Assets or	<b>a</b> 20 ·	Total assets (Part X, line 16)		8,467	14,779,594
Ass	21	Total liabilities (Part X, line 16)  Total liabilities (Part X, line 26)		1,490	3,766,235
ě	3 22	Net assets or fund balances Subtract line 21 from line 20		6,977	11,013,359
	Part II	Signature Block	11,20	0,011	11,010,000
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statem ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer			owledge and belief, it is
		Sol, and complete decoration of preparer (other than onless) is based on an information of which preparer	Tibs any knowled		
		USAG		5	-14-18
Sig	-	Signature of officer		Date	
He	ere	LISA AGARDNER PRESI	DENT &	<u> CEO</u>	
		Type or print name and title			
		Print/Type preparer's name Pregarer's propagure	Date	Check	if PTIN
Pai	id	KARI YOUNG	05.40	9/18 self-em	ployed P01325552
Pre	eparer	Firm's name JONES & ROTH, P.C.		Firm's EIN	93-0819646
Us	e Only	PO BOX 10086		. ama Ent /	
	-	Firm's address • EUGENE, OR 97440		Dhana s-	541-687-2320
Ma	v the IE	RS discuss this return with the preparer shown above? (see instructions)		Phone no	

Form **990** (2017)

Form		7) PLANNED				93-0573	822	Page <b>2</b>
Pa	urt.III `	Statement of I	_	•		line in this Part II	Ī	
Γ	O ENS		IGHT OF A				HEIR SEXUAL EDUCATION,	AND AND ADVOCACY.
2	prior For	rganization underta m 990 or 990-EZ? describe these new			s during the year	which were not listed	on the	Yes X No
3	Did the d	rganization cease c	onducting, or make	e significant cha	inges in how it co	nducts, any program		Yes X No
4	Describe expense	the organization's p	program service ac and 501(c)(4) orga	complishments anizations are re	equired to report ti		ervices, as measured b and allocations to other	=
E V P F	ARIET AGES <i>A</i> REPROI	TY OF AFFO AND INCOME DUCTIVE HE	S: OFFERS RDABLE RE LEVELS. S ALTHCARE	A COMPF PRODUCTI SERVICES SERVICES	VE HEALT S ARE COM S TO APPR	BIRTH CON' H SERVICES PLETELY CO	FOR WOMEN A NFIDENTIAL. PATIENTS FO	E WITH A WIDE AND MEN OF ALL PROVIDED
E F	KNOWLE SEXUAI	DGE, UNDE DECISION	N: PROVIDE RSTANDING S. 707 PE	EŚ RESPO AND SKI ROGRAMS	LLS, ALL REACHED	EXUALITY EXOF WHICH	JE PARTICIPA	•
E		)(Expense C AFFAIRS: PRODUCTIVE	ADVOCATE	TO ASSU		DUCTIVE FR	) (Revenue \$ EEDOM FOR WO TY EDUCATION	OMEN, ACCESS
4d	•	ogram services (Des		•				
40	(Expense	es \$ gram service exper		ding grants of \$		) (Reven	ue \$	
	i otal più	Aram service exhen	000 F	3,JJ/, 4	, <u>, ,                                 </u>		<del></del>	ro 990 (2047)

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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Χ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	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	6_		X
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	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			<b> </b>
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		'	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets 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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	_		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13_		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			٠,,
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			1 77
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		<sub>v</sub>
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16	<u> </u>	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		🗸
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		X
	If "Yes," complete Schedule G, Part III	12	<u> </u>	<u>. ^`</u>

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

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			٠,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	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			17
	employees? If "Yes," complete Schedule J	23	-	X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04.	v	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Χ_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	1	v
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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?	ash.		Х
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		i	
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20_		- 21
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	100		
~	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	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	33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_		Χ
37	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	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	L

Form 990 (2017) PLANNED PARENTHOOD OF SW OREGON 93-0573822 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 Χ account)? 4a If "Yes," enter the name of the foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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? X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ required to file Form 8282? 7c 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which

the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

Form 990 (2017)

13a

14a

14b

13b

13c

Form 990 (2017) PLANNED PARENTHOOD OF SW OREGON 93-0573822 Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 21 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Χ b Each committee with authority to act on behalf of the governing body? d8 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Χ 13 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request X Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

3579 FRANKLIN BLVD

LOUIS COFFMAN

orm 990 (2017)	PLANNED	PARENTHOOD	OF SW	OREGON
UIIII 330 (2017)			OI DIE	OTTHOUSE

93-0573822

Page **7** 

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

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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, if any 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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week (list any	Position (do not check more that box, unless person is be officer and a director/true)			s both	an	Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(VV-2/10994VII3C)	from the organization and related organizations
(1)MARDEL CHINBURG										
BOARD CHAIR	2.00	Х		Х				0	0.	0
(2) BERIT EVERHART	0.00									
	2.00	177		.,					0	0
FINANCE CHAIR (3) ALEX HAUGLAND	0.00	Х		X	_			0	0	0
(3) ALLEN TIAGOLITIND	2.00									
DIRECTOR	0.00	X						o	0	0
(4) CAROLE KNAPEL										
	2.00									
DIRECTOR	0.00	X	<u> </u>	_				0	0	0
(5) CHRISTY GONENNE	2.00									
DIRECTOR	0.00	X						o	0	0
(6) DAVID BEARDSWORT		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		$\vdash$	$\vdash$					<u>_</u>
(6, 511 15 5211 55 161 1	2.00	İ								
DIRECTOR	0.00	Х							0	0
(7) DIANE MUSGROVE										
	2.00			1						
DIRECTOR	0.00	X			<u> </u>			0	0	0
(8) DONNA RITCHIE	2.00				ĺ					
DIRECTOR	0.00	X						ol	0	0
(9) DOROTHY PENALOZA		1		$\vdash$	$\vdash$					<u> </u>
(-,	2.00									
DIRECTOR	0.00	X					L.	_ 0	0	0
(10) HANK HOELL										
	2.00									
DIRECTOR	0.00	X	_		<u> </u>			0	0	0
(11) JANE STECKBECK	2 00									
DIRECTOR	2.00	X						o	O	0
DAA	0.00	ΙΛ	l	Ц	L	<u> </u>	I	<u> </u>		Form <b>990</b> (2017)

(A) Name and title	(B) Average hours per week (list any hours for	(d	lo not	Pos check ess pe	C) sition more erson	than o	one an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2) 1099-WIGC)	organization and related organizations
(12) JASMINE DOTY	2 00									
DIRECTOR	2.00	X						0	o	0
(13) JEN KLINGENSN	IITH									
DIDECTOR	2.00	X						0		0
DIRECTOR (14) KATE MCCARTHY	<del></del>	1^	<del> </del>	-				0	0	0
DIRECTOR	2.00	Х						0	0	0
(15) KATIE TIBBITT										
DIRECTOR	2.00	Х						0	o	0
(16) LAUREN HAMMOO		1.2.2	ļ							<u></u>
	2.00		ŀ							•
DIRECTOR (17) LISA RALEIGH	0.00	X	╁					0	0	0
(, Dion Rubbion	2.00									
DIRECTOR	0.00	Х	<u> </u>	ļ				0	0	0
(18) MAYA CORRAL	2.00									
DIRECTOR	0.00	X						0	ol	0
(19) MORGAN SILBAU	JGH									. <u> </u>
DIRECTOR	2.00	X						0		0
1b Sub-total	10.00	1 🔨	1	<u> </u>	<u> </u>	L	<u> </u>	0	0	0
c Total from continuation she	ets to Part VII,	Sect	ion A	4			<b>•</b>			8,005
d Total (add lines 1b and 1c)  Total number of individuals (in	oludina but not i	limita		thoo			have	a) who received more than	£100,000 of	8,005
reportable compensation from  Did the organization list any for employee on line 1a? If "Yes,"	the organization	n ▶ recto	() r, or	trust	ee, l	кеу е	emplo	·		Yes No
<ul> <li>For any individual listed on line organization and related organization and related organization.</li> <li>Did any person listed on line 1 for services rendered to the organization.</li> </ul>	nizations greater	thar	s \$15 comp	50,00 pens	00२ <i>।</i> atıor	f "Ye n fron	<i>s," c</i> n an	omplete Schedule J for sur y unrelated organization or	ch	4 X 5 X
Section B. Independent Contracto										
1 Complete this table for your five										
compensation from the organi	(A) business address	omp	ensa	tion	ior t	ne ca	lenc		(B) tion of services	(C) Compensation
	Dusilless address							Descrip	non or services	Compensation
							_			
	•					-	<del>                                     </del>			
	_									
2 Total number of independent of								se listed above) who		
received more than \$100,000	of compensation	n from	n the	e org	anız	ation	<b>&gt;</b>		0	5 990

(A) Name and title	(B) (C)  Average hours per (do not check more than on box, unless person is both a officer and a director/truster hours for					s both	an from		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compen from	ated nt of er sation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 2 rece miles)	organiza and rel organiza	ation ated
20) PETER SAGE											
	2.00										
IRECTOR WEDNING	0.00	X						0	0		(
21) VERN KATZ	2.00										
IRECTOR	0.00	X						ol	0		(
22) LISA GARDNER	0.00	71						0			
	40.00										
RESIDENT & CEO	0.00			Χ				0	0		5,337
23) RAINER ROTHBA										2 .	
	40.00										
FO COMPENA	0.00	1		X				0	0		2,668
24) LOUIS COMFFMA	N 40.00										
FO	0.00			Х				0	0		(
b Sub-total c Total from continuation sheed d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from total)  Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization.	che organization  che organization  che organization  complete Sche  1a, is the sum  zations greater	rector dule of rethan	d to	truste suci	ee, F h ind com	key e lividu pens f "Yes	mplo al atioi s," c	oyee, or highest compensation and other compensation omplete Schedule J for suc	ted from the	3	8,005 Yes No
5 Did any person listed on line 1a for services rendered to the org	i receive or acc ianization? <i>If</i> "\	crue c /es."	comp com	ens: olete	ation Sci	i trom hedul	n ang le Ja	y unrelated organization or for such person	individual	5	
ection B. Independent Contractor											
Complete this table for your five	highest comp	ensa	ted ı	ndep	end	ent c	ontr	actors that received more t	han \$100,000 of		
compensation from the organiz	ation Report c (A)	ompe	ensa	tion	for th	ne ca	lend				(C)
Name and b	(A) usiness address							Descript	(B) ion of services		(C) mpensation

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) Revenue Unrelated exempt business revenue excluded from tax under sections 512-514 function revenue Grants mounts 214,121 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 147,814 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1 F 428,035 8,056 q Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 789,970 Program Service Revenue Busn Code 4,364,511 4,364,511 2a PATIENT SERVICE REVENUE b C f All other program service revenue g Total. Add lines 2a-2f ▶ 4,364,511 Investment income (including dividends, interest, and other similar amounts) 5,291 5,291 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets 25,433 other than inventor **b** Less cost or other basis & sales exps 25,433 c Gain or (loss) d Net gain or (loss) 25,433 25,433  $\blacktriangleright$ 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 11a MISCELLANEOUS 1,581 1,581 h d All other revenue Total, Add lines 11a-11d 1,581 Total revenue. See instructions 5,186,786 4,391,525 5,291

## Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Sect	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp	omplete all columns All other	er organizations must comp	olete column (A)	
Cartis and other assistance to domestic midroutals See Part IV, line 12 and foreign assistance to domestic midroutals See Part IV, line 13 and 16 and other assistance to towns and midroutals See Part IV, line 13 and 16 and other assistance to towns and foreign organization, foreign governments, and foreign organization, foreign governments and organization of current officers, directors, trustees, and key employees		ot include amounts reported on lines 6b,	(A)	(B) Program service	Management and	Fundraising
2 Grafts and other assistance to domestic individuals See Part IV, line IS and 16 and seems and other assistance to design organizations, foreign governments, and foesign organizations and seems of the seems		<del></del>		5,700,000	general expenses	ехрепзез
Individuals See Part IV, line 22		and domestic governments. See Part IV, line 21				
3 Grafts and other assistance to fiveign organizations, foreign governments, and foreign individuals. Sae Part V, lines 15 and 16 4 Benefits paid to or for members 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salatines and wages 8 Person plan accurals and contributions (include socion 40(II), and 40(II)) employer contributions; 9 Other employee benefits 9 Person plan accurals and contributions (include socion 40(II), and 40(II)) employer contributions; 10 Payrol taxes 11 Fees for services (incl-employees) 12 Payrol taxes 12 Payrol taxes 12 Payrol taxes 13 Payrol taxes 14 Fees for services (incl-employees) 15 Payrol taxes 16 Caccounting 16 Lobbying 17 Professional fundraising services See Part IV, line 17 Investment management fees 19 Graft (File *19 amonat excepts the Vine 2x down (I)) amonat, list in 19 appress or because (10 Payrol taxes) 19 Conference or services (10 Payrol taxes) 10 Office expenses 10 Office expenses 10 Office expenses 10 Office expenses 11 Fees or services (10 Payrol taxes) 11 Fees for services (10 Payrol taxes) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments to difficults 18 Payments to difficults 19 Payrol taxes 10 Office expenses 10 Office expenses 10 Office expenses 11 Payments to difficults 10 Office expenses 11 Payments to difficults 12 Payments to difficults 13 (10 Payrol taxes) 16 Occupancy 17 Travel 18 Payments to difficults 19 Payments to difficults 10 Office expenses 10 Office expenses 11 Payments to difficults 11 Payrol to expense in line 24e II Investments to afficiate the Capture of the Vine 2x down (I) Investments to afficiate the Vine 2x down (I) Investments to affi	2	Grants and other assistance to domestic				
a comparations fromein provemments, and foreign individuals See Part IV. Intes 15 and 16		ındıvıduals See Part IV, line 22				
Modurbules See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
Benefits paid to of for members   175,652   126,747   35,321   13,584		organizations, foreign governments, and foreign				
175,652   126,747   35,321   13,584		individuals See Part IV, lines 15 and 16				
175,652	4	· .				
6 Compensation not included above, to disqualified persons (as defined under section 4958((x))(8)  7 Other salenes and wages  8 Persons place acrosals and contributions (include section 401(x)) and 403(x)(x) employer contributions (include section 401(x)) and 403(x)(x) employer contributions (include section 401(x)) and 403(x)(x) employer contributions (include section 401(x)) and 403(x) employers (include section 401(x)) and 401(x) employers (include section 401(x)) and 401(x) employers (include section 401(x)) and 401(x) e	5					
persons described in section 4958(r)(1) and persons described in section 4958(r)(3)(8)  7 Other salares and wages 2,103,258 1,567,009 496,502 39,747  8 Penson plan accruais and contributions (include section 401) and 400(b) employer contributions)  9 Other employee benefits 34,6,546 247,884 90,282 8,380  10 Payroll taxes 219,008 153,257 60,425 5,326  11 Fees for services (non-employees)  a Management b Legal 26,458 5,685 18,099 2,674  c Accounting 2,200 2,200 2,200  d Lobbying 2,200 2,200  d Lobbying 2,200 2,200  d Lobbying 4,353 4,347 2 4 4  9 Other differ by anomal records 15% of the 25 column (A) amount, list line 11g expenses on Schedule 0)  231,290 16,274 207,521 7,495  14 Information technology 52,885 33,997 18,570 318  15 Royalties 9  17 Travel 7 Payments of travel or entertainment expenses for any federal, state, or local public officials 9  18 Payments to affiliates 73,100 73,100 20,609 4,536  20 Conferences, conventions, and meetings 1nterest 80,279 73,100 73,100 73,100 20,609 113,560  20 Depreciation, depletion, and amortization 53,301 29,143 24,158  10 Conferences, conventions, and meetings 10,755 6,991 24,295 289  10 Interest 20 Depreciation, depletion, and amortization 53,301 29,143 24,158  11 CENSES, DUES, AND FEES 150,669 35,692 103,619 11,358  d Maintrenance All or REPAIRS 113,749 55,500 58,119 130,749 96,672  50 Interest 21 Definition 60 only filbs or galaxy and protein column (8) princ costs from a combine deviational carbonia for national pages and the column (8) princ costs from a combine deviational carbonia graphs and form a combine deviational carbonia graphs and form a combine deviational carbonia graphs and form of combine deviational carbonia graphs and f			<u>175,652</u>	126,747	35,321	13,584
Person plan accruels and wages   2,103,258   1,567,009   496,502   39,747	6	•				
Person plan acruals and contributions (include section 40(R) and 403(b) employer contributions)   25, 949   22, 701   2, 941   307						
8 Penson plan accurals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Pees for services (non-employees)  12 Management  12 Legal  13 Caccounting  14 Lobbying  15 Professional fundratising services See Part IV. Inne 17 Investment management fees  15 Other (filter 1tg ancount excests 10% of ine 25, column (A) amount, last line 24e expenses not covered above (List miscellancus expenses not shorted to )  16 CONTRACEPTIVE SUPPLIES  17 Main Canada (A) And Canada (A	_	. , , , , ,	0 100 050			
sector 40f(k) and 403(k) employer contributions) 9 Other employee benefits 346,546 247,884 90,282 8,380 10 Payroll taxes 219,008 153,257 60,425 5,326 11 Fees for services (non-employees) a Management b Legal 26,458 5,685 18,099 2,674 d Lobbyring e Professional fundraising services See Part IV, line 17 f Investment management fees Q Chert (file 11) apromite local tife follows and the file approximate of the file			2,103,258	1,567,009	496,502	<u>39,</u> 747
9 Other employee benefits 10 Payroll taxes 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 9 Other (If ine 17g around seccess 10% of line 25, column (A) amount, list line 7g deep responses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 19g expresses not covered above (List miscellaneous expenses in line 24e If line 24e amount excees 10% of line 25, column (A) amount, list line 19g expresses not covered above (List miscellaneous expresses not covered above (List miscellaneous expenses in line 24e If line 24e amount excees 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e Line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e Line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e Line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e Line 24e amount exceeds 10% of line 24e	8	· · · · · · · · · · · · · · · · · · ·	05 040	00 501		
11   Fees for services (non-employees)   2   26,458   5,685   18,099   2,674	_					<u> </u>
11   Fees for services (non-employees)   2   26,458   5,685   18,099   2,674		- · ·				8,380
a Management b Legal		· ·	219,008	153,257	60,425	<b>5,</b> 326
b Legal						
C Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (filme 11g amount exceeds 10% of line 25, column (A) amount, list Im 24e expenses on Schedule O) 2 (Advertising and promotion 3 (Office expenses 3 (A) 7, 78 (A) 1, 18 (			26 450	F 60.5	10.000	
d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 231, 290				5,685		2,674
e Professional fundraising services. See Part IV, line 17 f Investment management fees 4,353 4,347 2 4 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 231,290 16,274 207,521 7,495  4 Advertising and promotion 39,798 14,188 16,512 9,098  4 Information technology 52,885 33,997 18,570 318  15 Royalties 16 Occupancy 138,705 113,560 20,609 4,536 17 Travel 45,730 25,931 18,189 1,610  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11,575 6,991 24,295 289 20 Interest 80,279 80,279 21 Payments to affiliates 73,100 73,100 22 Depreciation, depletion, and amortization 216,736 181,366 27,688 7,682 23 Insurance 53,301 29,143 24,158  40 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) 24 CLINIC MATERIALS AND SERV 249,342 249,342 249,342 249,342 249,342 249,342 249,342 249,342 25 Total functional expenses 4 194,774 472,331 -374,229 96,672 25 Total functional expenses. Add lines 1 through 24e 5 Joint costs. Complete this line only if the originalization reported in column (B) joint costs from a combined educational campaing and		•	<u> </u>		2,200	
For   Investment management fees   4,353   4,347   2   4   4   4   3   4   4   3   4   4   3   4   4		, ,				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 12g expenses on Schedule O) 231, 290	-		4 252	4 247		
(A) amount, list line 11g expenses on Schedule 0)  231,290			4,333	4,34/		4
12   Advertising and promotion   39,798   14,188   16,512   9,098	y	•	231 200	16 274	207 521	7 405
13 Office expenses   39,798	12	· •	231,290	10,274	207,521	
14		<b>-</b>	30 708	1/ 100	16 512	0 000
18   Royalties     138,705   113,560   20,609   4,536   17   17   18   18   25,931   18,189   1,610   18   24   24   24   25   28   28   28   28   28   28   28		· •				9,098
138,705			<u>JZ,00J</u>		10,370	318
17   Travel			138 705	113 560	20 600	1 526
18						
for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Int			13,730	20,001	10,109	1,010
19   Conferences, conventions, and meetings   31,575   6,991   24,295   289		· •				
20   Interest   80,279   80,279	19	· · · · · · · · · · · · · · · · · · ·	31.575	6.991	24 295	289
Payments to affiliates   73,100   73,100	20	- F		0/201		209
22   Depreciation, depletion, and amortization   216,736   181,366   27,688   7,682	21	Payments to affiliates		73,100	00/2/3	
23 Insurance 53,301 29,143 24,158  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a CONTRACEPTIVE SUPPLIES 902,434 902,434  b CLINIC MATERIALS AND SERV 249,342  c LICENSES, DUES, AND FEES 150,669 35,692 103,619 11,358  d MAINTENANCE AND REPAIRS 113,749 55,500 58,119 130  e All other expenses 194,774 472,331 -374,229 96,672  25 Total functional expenses. Add lines 1 through 24e 5,477,791 4,337,479 931,102 209,210  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	22				27,688	7.682
24 Other expenses I temize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  a CONTRACEPTIVE SUPPLIES  b CLINIC MATERIALS AND SERV  c LICENSES, DUES, AND FEES  d MAINTENANCE AND REPAIRS  e All other expenses  113,749  55,500  58,119  130  e All other expenses  194,774  472,331  -374,229  96,672  25 Total functional expenses. Add lines 1 through 24e  5,477,791  4,337,479  931,102  209,210	23	F				1,002
Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)   a	24	Other expenses Itemize expenses not covered			2.1/200	
(A) amount, list line 24e expenses on Schedule O)  a		· ·				
(A) amount, list line 24e expenses on Schedule O)  a		· · · · · · · · · · · · · · · · · · ·				
a         CONTRACEPTIVE SUPPLIES         902,434         902,434           b         CLINIC MATERIALS AND SERV         249,342         249,342           c         LICENSES, DUES, AND FEES         150,669         35,692         103,619         11,358           d         MAINTENANCE AND REPAIRS         113,749         55,500         58,119         130           e         All other expenses         194,774         472,331         -374,229         96,672           25         Total functional expenses. Add lines 1 through 24e         5,477,791         4,337,479         931,102         209,210           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		· I				
b CLINIC MATERIALS AND SERV 249,342 249,342   c LICENSES, DUES, AND FEES 150,669 35,692 103,619 11,358   d MAINTENANCE AND REPAIRS 113,749 55,500 58,119 130   e All other expenses 194,774 472,331 -374,229 96,672   25 Total functional expenses. Add lines 1 through 24e 5,477,791 4,337,479 931,102 209,210   26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	а		902,434	902,434		
c         LICENSES, DUES, AND FEES         150,669         35,692         103,619         11,358           d         MAINTENANCE AND REPAIRS         113,749         55,500         58,119         130           e         All other expenses         194,774         472,331         -374,229         96,672           25         Total functional expenses. Add lines 1 through 24e         5,477,791         4,337,479         931,102         209,210           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and         4,337,479         931,102         209,210	b	CLINIC MATERIALS AND SERV				
d         MAINTENANCE AND REPAIRS         113,749         55,500         58,119         130           e         All other expenses         194,774         472,331         -374,229         96,672           25         Total functional expenses. Add lines 1 through 24e         5,477,791         4,337,479         931,102         209,210           26         Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and         5,477,791         4,337,479         931,102         209,210	С	LICENSES, DUES, AND FEES [	150,669		103,619	11,358
e All other expenses 194,774 472,331 -374,229 96,672  Total functional expenses. Add lines 1 through 24e 5,477,791 4,337,479 931,102 209,210  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	d	MAINTENANCE AND REPAIRS	113,749			130
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and</li> </ul>	е	All other expenses	194,774			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	_					209,210
following SOP 98-2 (ASC 958-720)		organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	DAA	30. 00 2 (100 000 120)				Form <b>990</b> (2017)

Part X, Balance Sheet

	ait /	Check if Schedule O contains a response or not	e to any line in this Part Y	<del></del>		
		Check is conedule o contains a response of flot	e to any line in this Part A	(A)	Γ	(B)
				Beginning of year		(B) End of year
	1	Cash—non-interest bearing		2,800	1	2,700
	2	Savings and temporary cash investments		941,775		1,737,126
	3	Pledges and grants receivable, net		391,480		70,640
	4	Accounts receivable, net		1,392,329		926,344
	5	Loans and other receivables from current and former of	officers directors	1,332,323	-	920,344
	•	trustees, key employees, and highest compensated er	·			
		Complete Part II of Schedule L	mpioy 2003	i ·	5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B				
		sponsoring organizations of section 501(c)(9) voluntary				
υ		organizations (see instructions) Complete Part II of Se	-		6	
Assets	7	Notes and loans receivable, net	inodulo E		7	
As	8	Inventories for sale or use		173,051	8	119,640
	9	Prepaid expenses and deferred charges		101,490	9	69,605
		Land, buildings, and equipment cost or	1 1	101,400		09,003
		other basis Complete Part VI of Schedule D	10a 10,649,159			
	ь	Less accumulated depreciation	10a 10,649,159 10b 3,500,804	7,263,893	10c	7,148,355
	11	Investments—publicly traded securities	3/300/001	1,117,107	11	4,691,943
	12	Investments—other securities See Part IV, line 11		<u> </u>	12	4,001,040
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,544,542	15	13,241
	16	Total assets. Add lines 1 through 15 (must equal line	34)	14,928,467	16	14,779,594
	17	Accounts payable and accrued expenses		587,685	17	756,766
	18	Grants payable			18	100/100
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,073,805	20	3,009,469
	21	Escrow or custodial account liability Complete Part IV	of Schedule D	0,0,0,00	21	
Ø	22	Loans and other payables to current and former officer				
Liabilities		trustees, key employees, highest compensated employees				
abi		disqualified persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,661,490	26	3,766,235
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
ses		complete lines 27 through 29, and lines 33 and 34.	_			
an	27	Unrestricted net assets		11,030,377	27	10,884,628
Ba	28	Temporarily restricted net assets		187,610	28	79,741
pu	29	Permanently restricted net assets		48,990	29	48,990
F.		Organizations that do not follow SFAS 117 (ASC 95	8), check here ▶ 📋 and			
3 0		complete lines 30 through 34.	_			
sets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,	or other funds		32	
-	33	Total net assets or fund balances		11,266,977	33	11,013,359
	34	Total liabilities and net assets/fund balances		14,928,467	34	14,779,594

orm	990 (2017) PLANNED_PARENTHOOD_OF_SW_OREGON 93-0573822				Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1		1		5,1	86,	786
	Total expenses (must equal Part IX, column (A), line 25)	2		5,4		
3	Revenue less expenses Subtract line 2 from line 1	3			91,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	1,2	66,	977
5	Net unrealized gains (losses) on investments	5			37,	
6	Donated services and use of facilities	6				,
7	Investment expenses	7				
8	Prior period adjustments	8				
	Other changes in net assets or fund balances (explain in Schedule O)	9				
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1	1,0	13,	359
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990  Cash X 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?			2a	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
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?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					_
	required guida or guidate, explain why in Schedule O and describe any stone taken to undergo such guidate			2h		1

Form **990** (2017)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Schedule A (Form 990 or 990-EZ) 2017

2017 Open to Public

Inspection

Name of the organization

Employer identification number

			PLANNED PARE	ENTHOOD OF SW OR	REGON		93-05	73822
P	art.	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part ) See instruction	ons
The	orga	inization is not	a private foundation because	se it is (For lines 1 through 12,	check only	one box	· )	
1		A church, co.	nvention of churches, or ass	sociation of churches described	ın section	170(b)(	1)(A)(i).	- 1
2		A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Forr	m 990 or 9	90-EZ))		ΛV
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(	iii).	$\cup$ $I$
4		A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii) Enter the	hospital's name,
		city, and stat	е					
5		An organizat	on operated for the benefit	of a college or university owned	or operate	ed by a g	overnmental unit described in	
		section 170(	(b)(1)(A)(iv). (Complete Part	t II )				
6		A federal, sta	ate, or local government or g	jovernmental unit described in s	section 17	'0(b)(1)(A	s)(v).	
7			ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II)	om a gove	ernmenta	I unit or from the general publ	ıc
8				170(b)(1)(A)(vi). (Complete Par	t  } )			
9	П			scribed in section 170(b)(1)(A)(		ed in con:	unction with a land-grant colle	ege
				of agriculture (see instructions)				
10	X	An organizat	on that normally receives (	1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gi	ross
				npt functions—subject to certain				
				nd unrelated business taxable in				
			J	30, 1975 See section 509(a)(2)			•	
11		-	•	exclusively to test for public saf	•			
12	Ш			exclusively for the benefit of, to zations described in section 50				
				hat describes the type of suppo				
	а			erated, supervised, or controlle				
				wer to regularly appoint or elect				9
		supportin	ng organization You must o	complete Part IV, Sections A a	ind B.			
	b			pervised or controlled in conne				
				rting organization vested in the	same pers	ons that	control or manage the suppor	ted
			•	Part IV, Sections A and C.				
	С	its suppo	rted organization(s) (see ins	supporting organization operate structions) You must complete	Part IV,	Sections	A, D, and E.	·
	d			d. A supporting organization ope				
				e organization generally must s				ness
	_			must complete Part IV, Sectio ceived a written determination fr				
	е			n-functionally integrated suppor			saryper, rypen, rypeni	
	f		mber of supported organizat					
	g	Provide the fo	ollowing information about the	he supported organization(s)				
(1	) Narr	ne of supported	(II) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	or	ganization		(described on lines 1-10		or governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
<b>/ A</b> \				-	Yes	No		
(A)								
(B)					<del>                                     </del>			
		<del>_</del>						
(C)								
(D)								
(E)		<del></del>			1			
		<del> </del>						
Tota	ıl							

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

Schedule A (Form 990 or 990-EZ) 2017 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						20.0		
Cale	ndar year (or fiscal year beginning ın)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,724,011	1,492,332	1,727,040	1,718,043	789,970	7,451,396		
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	Total. Add lines 1 through 3	1,724,011	1,492,332	1,727,040	1,718,043	789,970	7,451,396		
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)						88,035		
<u>6</u>	Public support. Subtract line 5 from line 4 tion B. Total Support						7,363,361		
	ndar year (or fiscal year beginning in)	(a) 2013 📝	<b>(b)</b> 2014	(c) 2015	(d) 2016	(a) 2017	(A) T-1-1		
7	Amounts from line 4	1,724,011				(e) 2017	(f) Total		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	215,676	1,492,332 58,628	1,727,040 77,040	1,718,043 50,433	789,970 5,291	7,451,396		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		4,469	7,519	12,713	1,581	26,282		
11	Total support. Add lines 7 through 10						7,884,746		
12	Gross receipts from related activities, etc					12	30,331,587		
13	First five years. If the Form 990 is for the		, second, third, for	ırth, or fifth tax yea	er as a section 501	(c)(3)			
	organization, check this box and stop here	9			<u>_</u>		<b>•</b>		
	tion C. Computation of Public Su			<del> </del>					
14	Public support percentage for 2017 (line 6		•	n (f))		14	93.39 <b>%</b>		
15	Public support percentage from 2016 Sche					15	93.61%		
16a	33 1/3% support test—2017. If the organi	zation did not ched	ck the box on line 1	13, and line 14 is 3	3 1/3% or more, c	heck this			
<b>L</b>	box and stop here. The organization quali						ightharpoons		
D	33 1/3% support test—2016. If the organithis box and stop here. The organization of				5 is 33 1/3% or mo	ore, check	▶ □		
17a	10%-facts-and-circumstances test—201				a or 16h and line	14 is			
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization						▶ □		
b	10%-facts-and-circumstances test—2016. 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								
	Explain in Part VI how the organization me	ets the "facts-and-	circumstances" te	st The organizatio	n qualifies as a pu	blicly			
40	supported organization						▶ □		
18	Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and se	e	. —		
	instructions						▶ ∐		

Schedule A (Form 990 or 990-EZ) 2017 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below please complete Part II.)

Sec	tion A. Public Support	quanty and an	o tooto notou be	now, piedee ee	inpicto i art ii ,	<u>,                                      </u>	·
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,724,011	1,492,332	1,727,040	1,718,043	789,970	7,451,396
2	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	6,158,745	5,326,980	6,106,331	8,375,020	4,364,511	30,331,587
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7,882,756	6,819,312	7,833,371	10,093,063	5,154,481	37,782,983
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		1				
<u></u>	line 6)					L	37,782,983
	tion B. Total Support		·				
9		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	7,882,756	6,819,312	7,833,371	10,093,063	5,154,481	37,782,983
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	215,676	58,628	77,040	50,433	5,291	407,068
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	215,676	58,628	77,040	50,433	5,291	407,068
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		4,469	7,519	12,713	1,581	26,282
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	8,098,432	6,882,409	7,917,930	10,156,209	5,161,353	38,216,333
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(	c)(3)	. 🗆
Sec	tion C. Computation of Public Su		nge .			<del></del>	
<u> 15</u>	Public support percentage for 2017 (line 8,			(6)			
16	Public support percentage from 2016 Sche		•	(1))		15	98.87%
	tion D. Computation of Investme			<del></del>	<del></del>	16	98.71%
17	Investment income percentage for 2017 (li			column (fl)			1.0/
18	Investment income percentage from 2016			Zorumi (1 <i>))</i>		17	1 % 1 %
19a	33 1/3% support tests—2017. If the organ			i 4 and line 15 is m	nore than 33 1/3%		1 %
	17 is not more than 33 1/3%, check this bo						ightharpoons X
b	33 1/3% support tests—2016. If the organ	nization did not ched	k a box on line 14	or line 19a, and lin	ne 16 is more than	33 1/3%, and	<b>-</b>
	line 18 is not more than 33 1/3%, check th					-	▶□
20	Private foundation. If the organization did	I not check a hoy on	line 14 10a or 10	h chack this hav	and can instruction		▶ □

Schedule A (Form, 990 or 990-EZ) 2017 Part IV

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

Section A. All Supporting Organ	izations
---------------------------------	----------

	Sections A, D, and E it you checked 12d of Part I, complete Sections A and D, and comp	lete Part v.)		
ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	_3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	, 1	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	Ì	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			7
-	designated in the organization's organizing document?	5b	•	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	-		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	•	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	,	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	55		
٠	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	:	
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	"		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	;	]
		1 .vu		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

_Pa	rt Ⅳ Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
01	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations	- <del>-</del>		
		£	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations	3		
4				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons)		
b	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations Complete line 3 below			
c	The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	4m4		
·	The organization supported a governmental entity. Describe in Fart vi now you supported a government entity (see ins	tructions)		
2 /	Activities Test Answer (a) and (b) below.	٢	Yes	No
- <i>'</i>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	No
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	- 1	
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	i	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	50		
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь	İ	

Schedu	e A (Form 990 or 990-EZ) 2017 PLANNED PARENTHOOD OF SWOR.			822 Page <b>6</b>
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20,	1970 (explain in Part VI) Se	ee
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
ma	ntenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		· ••
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ınst	ructions for short tax year or assets held for part of year)			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see	instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	_	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
- 6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	supporting organization (s	see
	instructions)			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purpo						
2	Amounts paid to perform activity that directly furthers exempt purpose						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6		<del></del>				
8	Distributions to attentive supported organizations to which the organiz	ation is responsive					
	(provide details in Part VI) See instructions	ation to responsive					
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Line o amount divided by line 3 amount	(i)	(ii)	(:::)			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
_1_	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2017		, , ,				
a	Excess dictionalisms carry over, if any, to 2017						
	From 2013						
	From 2014						
	From 2015	,,	<del></del>	, , , ,			
	From 2016						
	Total of lines 3a through e			, , ,			
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
<u></u>	Carryover from 2012 not applied (see instructions)						
<u>_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		- 1	,			
4	Distributions for 2017 from		***************************************				
-	Section D, line 7 \$						
	Applied to underdistributions of prior years  Applied to 2017 distributable amount	,,					
	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2017, if						
3							
	any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions						
6			· · · · · · · · · · · · · · · · · · ·				
0	Remaining underdistributions for 2017 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
-	Part VI See instructions						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c						
	Breakdown of line 7			······			
	Excess from 2013		//////////////////////////////////////				
	Excess from 2014						
	Excess from 2015		<del> </del>				
	Excess from 2016						
е	Excess from 2017						

PLANNED PARENTHOOD OF SW OREGON

93-0573822

R ane

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

PART III, LINE 12 - OTHER INCOME DETAIL

OTHER INCOME

\$

26,282

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2017** 

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	section 501(c)(4), (5), or (6) organizations. Complete Part II	[			
Nam	ame of organization Employer iden				
	PLANNED PARENTHOOD OF SW OREGON 93-0573			93-05738	22
Pa	t I-A Complete if the organization is exer	npt under section 501(c	) or is a section	on 527 organizatio	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV (see ın	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instru				
	t I-B Complete if the organization is exen		)(3).	- ·	<del></del>
1	Enter the amount of any excise tax incurred by the organized			▶ \$	
2	Enter the amount of any excise tax incurred by organization	=	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV  * I-C Complete if the organization is exen	nnt under section 501/a	\ avaant saat	ion E01(a)(2)	
			·	1011 50 1 (0)(3).	<del></del>
1	Enter the amount directly expended by the filing organizat activities	ion for section 527 exempt fund	ction	▶ ↑	
2		stad to other argenizations for a	antina	▶ \$	
_	527 exempt function activities	ned to other organizations for s	ection	<b>▶</b> s	
3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-PO	ı	•	
Ŭ	line 17b	itel fiele and off form 1120-FO	· <b>L</b> ,	<b>▶</b> \$	
4	Did the filing organization file Form 1120-POL for this year	ır?		ν ψ	Yes No
5	Enter the names, addresses and employer identification in		political organizati	ons to which the filing	
	organization made payments. For each organization listed				
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action commi				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
(1)					
(2)					
			ļ		<del></del>
(3)					
(4)					
(5)					
(5)					
(6)		<del> </del>			
·-/					

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

reporting section 4911 tax for this year?

)229501			
Schedule C (Form 990 or 990-EZ) 2017 PLANNE	D PARENTHOOD OF SW OREGON	93-0573822	Page
Part II-A Complete if the organizate section 501(h)).	tion is exempt under section 501(c)(3) an	d filed Form 5768 (elec	tion under
A Check ▶ ☐ If the filing organization b	elongs to an affiliated group (and list in Part IV e	ach affiliated group membe	er's name,
	and share of excess lobbying expenditures)		
B Check ▶ ☐ If the filing organization	checked box A and "limited control" provision	ons apply	
	ying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influence public	, ,,	0	
b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	51,170	
c Total lobbying expenditures (add lines 1a an	d 1b)	51,170	
d Other exempt purpose expenditures		5,426,621	
<ul> <li>Total exempt purpose expenditures (add line</li> </ul>	s 1c and 1d)	5,477,791	
f Lobbying nontaxable amount Enter the amo	unt from the following table in both		
columns		423,890	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
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		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	105,973	
h Subtract line 1g from line 1a If zero or less,	enter -0-	0	
i Subtract line 1f from line 1c If zero or less, e	nter -0-	0	
j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization 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 separate instructions for lines 2a through 2f.)

	Lobbying Expenditur	es During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	572,223	596,458	616,850	423,890	2,209,421
b Lobbying ceiling amount (150% of line 2a, column (e))		·			3,314,132
c Total lobbying expenditures	102,340	102,340	102,340	51,170	358,190
d Grassroots nontaxable amount	143,056	149,115	154,213	105,973	552,357
e Grassroots ceiling amount (150% of line 2d, column (e))					828,536
f Grassroots lobbying expenditures				0	

Schedule C (Form 990 or 990-EZ) 2017

Yes

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Schedule C (F	orm 990 or 990-EZ) 2017 PLANNED PAREN'I'HOOD OF SW OREGON	93-057	3822			Page
Part II-B	Complete if the organization is exempt under section 501(c)(3) and hat (election under section 501(h)).	s NOT filed	Form 5	768		-
For each "\	es," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)	(I	<b>o</b> )	
description of the lobbying activity.		Yes	No	Amo	ount	
legisla referer a Volunt b Paid si c Media d Mailing e Publica f Grants g Direct h Rallies i Other a j Total A 2a Did the b If "Yes c If "Yes	taff or management (include compensation in expenses reported on lines 1c through 1i)? advertisements? us to members, legislators, or the public? ations, or published or broadcast statements? ut o other organizations for lobbying purposes? contact with legislators, their staffs, government officials, or a legislative body? ut demonstrations, seminars, conventions, speeches, lectures, or any similar means? activities? Add lines 1c through 1i activities in line 1 cause the organization to be not described in section 501(c)(3)? uter the amount of any tax incurred under section 4912 uter the amount of any tax incurred by organization managers under section 4912 ling organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501(c)(5),	or sect	ion		
		<del></del>			Yes	No
1 Were s	substantially all (90% or more) dues received nondeductible by members?			1		

Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	<u></u>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		_
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	-	
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2017 PLANNED PARENTHOOD OF SW OREGON

93-0573822

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2017
Open to Public

Inspection Name of the organization Employer identification number PLANNED PARENTHOOD OF SW OREGON 93-0573822 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 \$

Assets included in Form 990. Part X

<u>Sche</u>	dule D (Form 990) 2017 PLANNED I	PARENTHOOD	<u>of sw orego</u>	<u>93-</u>	<u>-0573822</u>			P	age <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tr	easures, or Ot	her Similar <i>i</i>	Assets (	contını	ed)	
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other records	s, check any of the follo	owing that are a sig	ınıficant use of ı	ts			
а	Public exhibition	d 🗌	Loan or exchange prog	ırams					
b	Scholarly research	<del></del>	Other	,, =,,,,=					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further the c	rganization's exem	nt nuroose in P	art			
•	XIII	modulatio and explain	Thou they farther the c	ngameation o oxon	ipt paipada iii i	u.,			
5	During the year, did the organization solicit of	r receive donations o	of art historical treasur	es or other similar					
•	assets to be sold to raise funds rather than t						Ye	. [	No
Pa	ert IV Escrow and Custodial Arr		art of the organization	0 00110011011		<del></del>		<u></u>	,
	Complete if the organization 990, Part X, line 21.		on Form 990, Pa	rt IV, line 9, or r	eported an a	mount o	n Form		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contributions of	r other assets not					
	included on Form 990, Part X?						Ye	s [_	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cust	odial account liabili	ty?	-	Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been pr	ovided on Part XIII			_		1
Pa	rt V Endowment Funds.								
	Complete if the organization	answered "Yes'	on Form 990, Pa	rt IV, line 10					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years l	oack
1a	Beginning of year balance	3,504,795	3,467,255	4,187,6	44 4,21	17,052	3,7	58,	477
	Contributions								000
С	Net investment earnings, gains, and								
	losses	63 <b>,</b> 507	223,390	-14,5	49 17	74,132	4	95,	994
d	Grants or scholarships								
	Other expenditures for facilities and								
-	programs		164,981	680,90	08 17	76,685	1	61.	919
f	Administrative expenses	1,827	20,869	24,9		26,855			500
	End of year balance	3,566,476		3,467,2		37,644			052
2	Provide the estimated percentage of the curr		· · · · · · · · · · · · · · · · · · ·			<u> ,                                 </u>			
	Board designated or quasi-endowment ▶	98.26%	s (iiiio 1g, colaiiiii (u))	1.0.0 00					
	Permanent endowment ► 1.37 %	30.20%							
		0.37%							
Ŭ	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	•	otion that are held and	administered for the	•				
Ju	organization by	331011 of the organize	ation that are new and	adilimistered for the	G		Г	Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	25	X
h	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	rad on Sahadula D2				3b		
4	Describe in Part XIII the intended uses of the	•					30		
_ <u>*</u> _	art VI Land, Buildings, and Equ		wment junus						
Г¢	Complete if the organization	=	on Form 990. Pa	rt IV. line 11a S	See Form 990	). Part X	Une 1	)	
	Description of property	(a) Cost or other b			(c) Accumulated	7, 1 (2.17)	(d) Book		
	2000 ipion oi proporty	(investment)	(othe	i	depreciation	1	(=, 5550		
12	Land	,,		69,065	<u> </u>		76	G .	065
				05,928	949,00	<u> </u>			926
	Buildings			07,404	604,6		J, / .		736
	Leasehold improvements	<del></del>	<del></del>	7,1,10,1	004,0	<del>-   -  </del>	<del></del>	<u> </u>	, 50
	Equipment Other		2.5	66,762	1,947,1	34	61	9.	628

7,148,355

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Part VII	Investments—Other Securities.		70,00.00	
	Complete if the organization answered "Yes"	on Form 990, Part IV, III	<u>ne 11b See Form 990, P</u>	art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of	valuation
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial	derivatives			
(2) Closely-ho	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			<del> </del>	
(G)			<del></del>	
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12)▶			
Part VIII	Investments—Program Related.			
. 4.6 2 114	Complete if the organization answered "Yes"	on Form 990 Part IV III	ne 11c. See Form 990. P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	
(1)				
(2)				
(3)		<del>-</del>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.		- t	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d See Form 990. Pa	art X. line 15
	(a) Description			(b) Book value
(1)				<del></del>
(2)				<del></del> -
(3)				
(4)				
(5)				
(6)				
(7)				, <u></u>
(8)				
(9)			""	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	· ·
Part X	Other Liabilities.			<u>.</u>
	Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form	990. Part X.
	line 25	·		, ,
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)			_	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Гotal. (Columi	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the	footnote to the organization's	financial statements that repor	ts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Pa	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, P		-	turn.	
1	Total revenue, gains, and other support per audited financial statements			1	5,202,907
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				· -
а	Net unrealized gains (losses) on investments	2a	37 <b>,</b> 387		
b	Donated services and use of facilities	2b	1,430		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d	_		2e	38,817
3	Subtract line 2e from line 1			3	5,164,090
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,696		
b	Other (Describe in Part XIII )	4b			
C	Add lines 4a and 4b			4c	22,696
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	5,186,786
P4.	WYN Decemblishing of Evanges and Audited Financial Ctatan	4 - 18714		<b>3 - 4</b>	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	5,456,525
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1,430	]	
b	Prior year adjustments	2b			
С	Other losses	_2c		]	
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	_1,430
3	Subtract line 2e from line 1			3	5,455,095
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	İ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,696		
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	22,696
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	5,477,791

Part XIII Supplemental Information.

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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

PUBLIC AFFAIRS ENDOWMENT: THE PURPOSE OF THE PUBLIC AFFAIRS ENDOWMENT IS TO SUPPORT THE PUBLIC AFFAIRS WORK OF PPSO WHICH INVOLVES ADVOCATING FOR PUBLIC POLICY CHANGES THAT WILL ENHANCE AND PROTECT REPRODUCTIVE RIGHTS AND BUILD SUPPORT AND ACCOUNTABILITY AMONG OUR ELECTED OFFICIALS IN OREGON.

PUBLIC EDUCATION ENDOWMENT: THE PUBLIC EDUCATION ENDOWMENT IS TO FUND THE SEX EDUCATION PROGRAMS FOR YOUTH, PARENTS, AND PROFESSIONALS.

Schedule D (Form 990) 2017 PLANNED PARENTHOOD OF SW OREGON

93-0573822

Page 5

Part XIII Supplemental Information (continued)

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ★ Attach to Form 990.
 ★ Go to www.irs.gov/Form990 for instructions and the latest information.

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	OOD OF SW	OREGON						93-0	573822	322		
Part   Bond Issues												
(a) Issuer name	(b) issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue price	e price	(f) Description of purpose	of purpose	(g) Defeased	ased	(h) On behalf of issuer	(ı) Pooled financing	oled
								Yes		Yes No	Yes	N <sub>O</sub>
A STATE OF OREGON	93-6001787		07/31/13	3,	464,534	CONSTRUCTION	ON OF REGI	H	×	×		$\times$
<b>a</b>												
O						i						
۵											-	
Part II Proceeds												
			¥			8	ပ				٥	
1 Amount of bonds retired		<u> </u>										
2 Amount of bonds legally defeased												
3 Total proceeds of issue			3,4	64,534								
4 Gross proceeds in reserve funds												
5 Capitalized interest from proceeds												
6 Proceeds in refunding escrows												
7 Issuance costs from proceeds												
8 Credit enhancement from proceeds											Ì	
9 Working capital expenditures from proceeds												
10 Capital expenditures from proceeds			3,4	64,534			İ					
11 Other spent proceeds												
12 Other unspent proceeds									_			
13 Year of substantial completion			2012	2			!		_			
			Yes	N <sub>o</sub>	Yes	No	Yes	No		Yes	Š	
14 Were the bonds issued as part of a current refunding issue?	65			×								
15 Were the bonds issued as part of an advance refunding issue?	sue?			×								
16 Has the final allocation of proceeds been made?			×						_			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	port the final allocation	n of proceeds?	×									
Part III Private Business Use												
			4			8	U		_		۵	
1 Was the organization a partner in a partnership, or a member of an LLC,	ber of an LLC,		Yes	Š	Yes	°N	Yes	S <sub>N</sub>		Yes	Ñ	
which owned property financed by tax-exempt bonds?				×								
2 Are there any lease arrangements that may result in private business use of bond-financed property?	e business use of			×					_			

Schedule K (Form 990) 2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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PLANNED PARENTHOOD OF

SW OREGON

93-0573822

% % % ŝ ŝ Yes Yes % % % % ŝ ŝ Yes Yes 3 ~ ~ % ŝ ŝ B œ Yes Yes % % % %  $\mathfrak{g} \times$  $\bowtie$ ŝ  $\times$  $\times$  $\times$  $\times$  $\times$ Yes Yes A Enter the percentage of financed property used in a private business use as a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? Are there any research agreements that may result in private business use of counsel to review any management or service contracts relating to the financed property? result of unrelated trade or business activity carried on by your organization, b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside 3a Are there any management or service contracts that may result in private outside counsel to review any research agreements relating to the financed property? If "Yes" to line 8a, enter the percentage of bond-financed property sold or If "Yes" to line 8a, was any remedial action taken pursuant to Regulations Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and If "Yes" to line 2c, provide in Part VI the date the rebate computation was Enter the percentage of financed property used in a private business use by entities 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all another section 501(c)(3) organization, or a state or local government d If "Yes" to line 3c, does the organization routinely engage bond counsel or other 8a Has there been a sale or disposition of any of the bond-financed property to a requirements under Regulations sections 1 141-12 and 1 145-2? Does the bond issue meet the private security or payment test? other than a section 501(c)(3) organization or a state or local government Private Business Use (Continued) business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? sections 1 141-12 and 1 145-27 e Was the hedge terminated? Arbitrage bond-financed property? Total of lines 4 and 5 Rebate not due yet? Exception to rebate? Name of provider c No rebate due? Term of hedge disposed of performed Part IV Par ≡ o 2 o

Schedule K (Form 990) 2017

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Schedule K (Form 990) 2017

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0229501

**SCHEDULE O** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number

Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD OF SW OREGON

93-0573822

FORM 990, PART I, LINE 6

GENERAL OFFICE SUPPORT: THESE ARE PRIMARILY AT OUR ADMINISTRATIVE HEADQUARTERS IN EUGENE. SCHEDULING IS TYPICALLY FLEXIBLE.

OUTREACH AND MARKETING: AT OUR ADMINISTRATIVE HEADOUARTERS IN EUGENE AND AT EVENTS. SCHEDULING IS TYPICALLY FLEXIBLE. PROJECTS INCLUDE: DISTRIBUTING MARKETING MATERIALS, TABLING EVENTS, ORGANIZING OUTREACH MATERIALS. EDUCATION: COMPILING STATISTICS, SCHOOL DIRECTORY UPDATE WHICH INVOLVES CALLING SCHOOLS AND MAKING CHANGES IN OUR DATABASE, GENERAL OFFICE SUPPORT. DEVELOPMENT (FUNDRAISING): ASSISTING PLANNING AND EXECUTING EVENTS, HELP MANAGING DONOR INFORMATION.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS YEAR-END CHANGE FROM CALENDAR YEAR END TO FISCAL 6/30 YEAR END.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A DRAFT OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE FOR THEIR REVIEW. BEFORE THE FORM IS FILED WITH THE IRS, THE FINANCE COMMITTEE REFERS THE FORM 990 TO THE FULL BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY PERIODIC REVIEW OF THE CONFLICT OF INTEREST POLICY AND DISCLOSURE DOCUMENTATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE COMMITTEE OF THE BOARD REVIEWS PPFA COMPENSATION DATA AS PART OF Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Page 2

Employer identification number

ANNUAL REVIEW AND SALARY ADJUSTMENTS.

PLANNED PARENTHOOD OF SW OREGON

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EXECUTIVE COMMITTEE OF THE BOARD REVIEWS PPFA COMPENSATION DATA AS PART OF

ANNUAL REVIEW AND SALARY ADJUSTMENTS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

93-0573822