	EXTENDED TO N	IAY :	15, 2019	<b>-</b> .		01/04/- 15/5 000	
Form <b>990-T</b>	Exempt Organization Bus	sine	ss income T	ax Return	)  -	OMB No 1545-0887	
•	(and proxy tax und	er se. מר	ction 6033(e)) 1.7	N 30, 201	2	2017	
•	For callendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 201  Go to www.lrs.gov/Form990T for instructions and the latest information.					2011	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it ma				. 50	pen to Public Inspection for 01(c)(3) Organizations Only	
A Check box if	Name of organization ( Check box if name				DEmploy	yer Identification number	
address changed	Name of organization (				Instruct	yees' trust, see tions )	
B Exempt under section	Print PLANNED PARENTHOOD OF SW OREGON				93-0573822		
X 501(CQ)3 )	or Number, street, and room or suite no. If a P.O. bo	x, see in	structions.		Unrelated business activity codes (See instructions)		
408(e) 220(e)	Type 3579 FRANKLIN BLVD.						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code						
529(a)	EUGENE, OR 97403				8129	130	
C Book value of all assets	F Group exemption number (See instructions.)	<u> </u>		T 14046		1000-4	
14,367,3	07. G Check organization type ► X 501(c) col	poration	501(c) trust	401(a	trust	Other trust	
H Describe the organization	n's primary enrelated dusiness activity. PARKLING	<del></del>			Yes	X No	
	the corporation a subsidiary in an affiliated group or a pare	ent-subs	diary controlled group?		res	, LALINO	
	ind identifying number of the parent corporation. CHRISTINE MILES		Telepho	one number 🕨 5	41 – 3	344-2632	
	d Trade or Business Income		(A) Income	(a) Expense		(C) Net	
1a Gross receipts or sale		Т			.		
b Less returns and allo		1c		•	١.	, , , , , , , , , , , , , , , , , , , ,	
2 Cost of goods sold (S		2			$\neg \neg$		
3 Gross profit, Subtrac		3					
4 a Capital gain net incor	•	48					
, •	4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deductio		4c					
5 Income (loss) from p	artnerships and S corporations (attach statement)	5					
6 Rent income (Schedi	ıle C)	6					
7 Unrelated debt-finance	ced income (Schedule E)	7					
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F)	8					
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedule G	i) <u>9</u>		. <del></del>			
10 Exploited exempt act	vity income (Schedule I)	10					
11 Advertising income (		11	4 4 5 77				
	structions; attach schedule) STATEMENT 1	12	4,137.		—-	4 127	
13 Total. Combine line		13	4,137.			4,137.	
Part II Deduction	ons Not Taken Elsewhere (See instructions contributions, deductions must be directly connect	ror umiti ed with	ations on deductions ) the unrelated busines:	s income.)			
	ficers, directors, and trustees (Schedule K)				14		
15 Salaries and wages	incers, directors, and irestocs (deficiently	••	•		15		
16 Repairs and mainte	nance			•	16		
17 Bad debts		•			17		
18 Interest (attach sch	edule)				18		
19 Taxes and licenses					19		
20 Charitable contribut	ions (See instructions for limitation rules)				20		
21 Depreciation (attacl	Form 4562)		[21]		╛		
22 Less depreciation of	laimed on Schedule A and elsewhere on return	1.74	228		22b		
23 Depletion				•	23		
24 Contributions to de	ferred compensation plans MAY 2 2				24		
25 Employee benefit p	ograms MAI 22	2019	101		25		
26 Excess exempt exp		•	101		26	·····	
27 Excess readership	4 man 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	0 2			27		
28 Other deductions (a		-			28		
	Add lines 14 through 28				29	0. 4 137	
	taxable income before net operating loss deduction. Subtr	act line 2	es from line 13	•	30	4,137.	
	deduction (limited to the amount on line 30)	Januar Isa	. 20		31 32	4,137.	
	taxable income before specific deduction. Subtract line 31		e 3u     .		33	1,000.	
	(Generally \$1,000, but see line 33 instructions for exceptio		than line 30 ceter the co	naller of zero or	_	1,000.	
34 Unrelated busines line 32	s taxable income. Subtract line 33 from line 32. If line 33 i	> Ai cgigi	uian inie 32, enter tile sr	35	34	3,137.	
	or Pananyork Reduction Art Notice and Instructions				34	Form <b>990-T</b> (2017)	

564.

564.

564.

564.

564.

No

X X

Yes

Preparer's eignature

LLP

1600 EXECUTIVE PARKWAY,

PTIN

self- employed

Check

P00052587 Firm's EIN 93-0396435

Phone no 541-687-1170

Form 990-T (2017)

Paid

**Preparer** 

**Use Only** 

Print/Type preparer's name

DEAN HUBER

Firm's name ► KERNUTT STOKES

Firm's address ► EUGENE, OR 97401-7116

Date

SUITE 110

04/22/19

FORM 990-T		OTHER INCOME				STATEMENT		
DESCRIPTION					1	TUUOMA		
DISALLOWED FRINGES INCURRED IN 2018						4,137.		
TOTAL TO FORM 990-T, PAGE 1, LINE 12					4,137.			
FORM 990-T	INTERE	ST AND PEN	ALTIES		STA	PEMENT	2	
TAX FROM FORM 990-T, LATE PAYMENT INTER							64. 15.	
TOTAL AMOUNT DUE			•	• .		5	79.	
FORM_9-9-0-T	LA	TE PAYMENT	INTEREST	<del></del>	STA	PEMENT	3	
DESCRIPTION	DATE	TUUOMA	BALANCE	RATE	DAYS	INTERE	ST	
TAX DUE INTEREST RATE CHANGE DATE FILED	11/15/18 12/31/18 04/30/19	564 0		.0600			4. 11.	
TOTAL LATE PAYMENT IN	men e ca						15.	

FORM	990-T LINE 35C TAX COMPUTAT	ION	STATEM	ENT 4
1.	TAXABLE INCOME		3,137	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		3,137	
3.	LINE 1 LESS LINE 2		0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	т	0	
5.	LINE 3 LESS LINE 4		0	
6.	INCOME SUBJECT TO 34% TAX RATE		0	
7.	INCOME SUBJECT TO 35% TAX RATE		0	
8.	15 PERCENT OF LINE 2		471	
9.	25 PERCENT OF LINE 4		0	
10	34_PERCENT OF LINE 6		0	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		0	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX			471
			<del></del>	
			•	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	)17 	659	
		DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018		237 327	
18.	TOTAL TAX PRORATED	365		564