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i	, ,, 990-T ′	! 6	EX Exampt Orga	TENDED TO MAINIZATION BUS	AY :	15, 2020 ss Income T	av Baturi	a	OMB No 1545-0687		
For	™ 990-1	-					ax neturi	ראג			
Œ		(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019									
		Por Ca	► Go to www	<u>-</u>	2010						
	ertment of the Treasury nal Revenue Service	<b>•</b>	Do not enter SSN numb	).	Open to Public Inspection for 501(c)(3) Organizations Only over identification number						
A [	Check box if address changed	ox ii     Name of organization ( office box if hame changed and see instructions.)									
	Exempt under section	Print		ENTHOOD OF					93-0573822  E Urrelated business activity code		
	501(c\)(3_) 408(e) 220(e)	Type	Number, street, and room 3579 FRANKL	m or suite no. If a P.O. box	x, see instructions.				nstructions)		
	408A 530(a)		City or town, state or pro								
C B	ook value of all assets t end of year										
	tend or year	a) trust	Other trust								
H E	nter the number of the	nrelated									
trade or business here . If only one, complete Parts I-V. If more than one,											
d	escribe the first in the b	lank spa	ce at the end of the previo	ous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	nal trade	01		
<u>b</u>	usiness, then complete	Parts III	-V								
				affiliated group or a parer	nt-subs	idiary controlled group?	<b>&gt;</b>	Ye	es 🔲 No		
			tifying number of the pare			<u></u>					
			REBECCA DONE			Teleph	one number 🕨 !				
Į Pi	art I Unrelated	d Trac	de or Business Inc	come	,	(A) Income	(B) Expense	s	(C) Net		
1 8	Gross receipts or sale	es .									
b	Less returns and allow	wances		c Balance	10						
2	Cost of goods sold (S	ichedule	A, line 7)		2						
3	Gross profit. Subtract	line 2 fr	om line 1c		3						
4 8	Capital gain net incom	ne (attac	h Schedule D)		4a						
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Fori	m 4797)	4b						
C					4c_						
5	` '	•	ship or an S corporation (a	attach statement)	5_						
6	Rent income (Schedu	•			6						
7	Unrelated debt-finance		•		7						
8			nd rents from a controlled	-	8		<del> </del>				
9				organization (Schedule G)							
,	_ Exploited exempt activ	•	• •		10						
	Advertising income (S		•		11						
12	Other income (See ins		•		12	0.					
13 D	Total, Combine lines art II Deductio			re /See metruetiens fd	13		<u> </u>				
[ [ [	(Except for d	contribu	utions, deductions mus	re (See instructions for the directly connected	with 1	the unrelated business	income)				
14	Compensation of off	icers, di	rectors, and trustees (Sch	edule K)			70	14			
15	Salaries and wages		(	,	201	MAY 1 5 2020	080-	15			
16	Repairs and mainten	ance		(	100	MAL TO FORM	l (O)	16			
17	Bad debts				[ L	AACCA4 (1)T	그띸	17			
18	Interest (attach sche	dule) (se	ee instructions)			OGDEN UT	THE STREET	18			
<b>19</b>	Taxes and licenses		•				•	19			
5020 20 20 21	Charitable contribution	ons (See	e instructions for limitation	n rules)				20			
$\approx_{21}$	Depreciation (attach	Form 45	i62)			21		<u></u>			
v=122	Less depreciation cla	aimed or	Schedule A and elsewhe	re on return		22a		22b			
က <sub>23</sub>	Depletion							23			
90 P 25	Contributions to defe	erred co	mpensation plans					24			
₹ 25	Employee benefit pro	Employee benefit programs  Excess exempt expenses (Schedule I)									
26 27 28 28 29 30 31	Excess exempt expe										
<b>11</b> 27	Excess readership co	osts (Scl		27							
<b>Z</b> 28	Other deductions (at	Other deductions (attach schedule)									
₹ 29	Total deductions. A	Total deductions. Add lines 14 through 28									
ري 30	Unrelated business t	30	0.								
31	Deduction for net op	31									
32	Unrelated business t	axable ır	ncome. Subtract line 31 fr	om line 30				32	0.		
8237	01 01-09-19 LHA FO	r Paper	work Reduction Act Notic	e, see instructions.					Form <b>990-T</b> (2018)		

Form 990-	(2018) PLANNED PARENTHOOD OF SW OREGON	93-057	3822	Page 2
<b>IPartil</b>	III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
	•		34	
34	Amounts paid for disallowed fringes		-	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	ומנו	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	_		
•••	enter the smaller of zero or line 36		38	0.
Partil			1 00 1	
	<del>"</del>		T.A. T	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	1;		
	Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40	
41	Proxy tax. See instructions	<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See Instructions		43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
1Parti			1 87 1	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-{	
b	Other credits (see instructions)		-{	
C	General business credit. Attach Form 3800		1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		r (attach schedule)	47	
	<del></del>	(attach scheddie)	48	0.
48	Total tax. Add lines 46 and 47 (see instructions)			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
50 a	Payments A 2017 overpayment credited to 2018		4 <b>*</b> 1	
b	2018 estimated tax payments 915 50b	600.	<b>↓</b> ■■	
C	Tax deposited with Form 8868			
d	Foreign organizations; Tax paid or withheld at source (see instructions) 50d	-		
	Backup withholding (see instructions) 50e	<u> </u>		
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439		1	
y				
		<del></del>	\$1	600.
51	Total payments. Add lines 50a through 50g		<del>                                      </del>	- 000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	C.C.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>7 <b>&gt;</b>	54	600.
55		<u>kefunde</u> ₩	55	<u>600.</u>
(Parti)	/I] Statements Regarding Certain Activities and Other Information (see instr	ructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autho	rity		Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to f			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countr			
	here	•		
£7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	foreign trust?		- <del>                                    </del>
57		oroigir trustr		
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year	he heat of mustices to	dec and heli-f	e true
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		-uge and bellet, It i	
Sign	1, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		lay the IRS discus	s this return with
Here	MAN PRESIDENT & C	TO -	ne preparer shown	
	Signature of officer Date Title	ın	structions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
D-1-1		self- employed		
Paid	B. Dean Huber 8. Dean Huber 04/13/20		POOO	52587
Prepa	- NUDATION CHOVEG LID	Firm's EIN		396435
Use (	Only Firm's name KERNUTT STOKES LLP  1600 EXECUTIVE PARKWAY, SUITE 110	THIII S EIN	<u> </u>	<u> </u>
		Db 4	EA1\ C	07_117A
	Firm's address ► EUGENE, OR 97401-7116	Phone no. (		87-1170
823711 01	-09-19		Forr	n <b>990-T</b> (2018)