

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD OF SANTA BARBARA, VENTURA, & SAN LUIS OBISPO COUNTIES, INC		D Employer identification number 95-2319356
	Doing Business As		E Telephone number 805-963-2445
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 19,010,388.
	518 GARDEN STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: CHERYL ROLLINGS 518 GARDEN STREET, SANTA BARBARA, CA 93101			H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PLANNEDPARENTHOOD.ORG/PPSBVSLO/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1964 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A FULL RANGE OF REPRODUCTIVE HEALTH CARE SERVICES, (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	177
	6 Total number of volunteers (estimate if necessary)	6	195
	7a 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	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,980,652.	Current Year 2,326,063.
	9 Program service revenue (Part VIII, line 2g)	12,061,428.	12,139,684.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	335,976.	522,535.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	489,350.	298,568.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,867,406.	15,286,850.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,595.	43,292.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,798,517.	7,918,194.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,072.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 501,799.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,104,334.	6,829,383.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,954,518.	14,790,869.
19 Revenue less expenses. Subtract line 18 from line 12	-87,112.	495,981.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 28,014,871.	End of Year 28,749,795.
	21 Total liabilities (Part X, line 26)	4,421,807.	3,769,160.
	22 Net assets or fund balances. Subtract line 21 from line 20	23,593,064.	24,980,635.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/6/14
	Type or print name and title CHERYL ROLLINGS, PRESIDENT/CEO	

Paid Preparer Use Only	Print/Type preparer's name GAIL H. ANIKOUCHINE	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00161999
	Firm's name ▶ MACFARLANE, FALETTI & CO. LLP	Firm's EIN ▶ 95-2835976		Phone no. 805 966-4157	
	Firm's address ▶ 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PLANNED PARENTHOOD HELPS BUILD HEALTHY COMMUNITIES. SINCE 1964, WE HAVE BEEN PROVIDING HEALTH CARE SERVICES AND SEXUALITY HEALTH EDUCATION PROGRAMS TO WOMEN, MEN AND TEENS THROUGHOUT SANTA BARBARA, VENTURA AND SAN LUIS OBISPO COUNTIES. REFER TO SCHEDULE O. AT PLANNED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,679,781. including grants of \$) (Revenue \$ 12,380,638.) FOR MANY WOMEN, MEN AND TEENS, ONE OF OUR PLANNED PARENTHOOD HEALTH CENTERS IS THE ONLY PLACE THEY CAN RECEIVE LOW OR NO-COST REPRODUCTIVE HEALTH SERVICES. WE OFFER SERVICES AT FIVE HEALTH CENTERS LOCATED IN THE COMMUNITIES OF SANTA BARBARA, SANTA MARIA, THOUSAND OAKS, VENTURA AND SAN LUIS OBISPO AND AT TWO COLLEGE BASED SATELLITE SITES IN SANTA BARBARA COUNTY. ALL OF OUR HEALTH CENTERS ARE LICENSED BY THE STATE OF CALIFORNIA. ALMOST 95% OF THE SERVICES WE OFFER TO OUR COMMUNITIES ARE PREVENTIVE SERVICES THAT HELP WOMEN, FAMILIES AND COMMUNITIES STAY HEALTHY. EVERY DAY, BI-LINGUAL, CULTURALLY COMPETENT STAFF PROVIDE LIFESAVING CANCER SCREENINGS, BREAST HEALTH CARE, WELL WOMAN EXAMS, BIRTH CONTROL, STI TESTING AND TREATMENT AND MUCH MORE. LESS THAN 5% OF OUR SERVICES ARE RELATED TO THE PROVISION OF ABORTION. REFER TO

4b (Code:) (Expenses \$ 458,024. including grants of \$) (Revenue \$) PLANNED PARENTHOOD IS A RELIABLE SOURCE OF SEXUAL HEALTH INFORMATION. WE PROVIDE FAMILIES WITH THE TOOLS THEY NEED TO COMMUNICATE ABOUT MAKING HEALTHY DECISIONS. THE COMPREHENSIVE MEDICALLY ACCURATE, AGE APPROPRIATE SEXUALITY HEALTH EDUCATION WE PROVIDE IN ENGLISH AND SPANISH IN SCHOOL AND COMMUNITY SETTINGS HELPS YOUNG PEOPLE MAKE RESPONSIBLE DECISIONS. SEXUALITY HEALTH EDUCATION IS A COMMON SENSE SOLUTION TO REDUCING TEEN PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS.

4c (Code:) (Expenses \$ 482,485. including grants of \$ 43,292.) (Revenue \$) PLANNED PARENTHOOD IS DEDICATED TO SUPPORTING AND DEFENDING PUBLIC POLICIES THAT PROTECT WOMEN'S HEALTH AND REPRODUCTIVE RIGHTS AND ACCESS TO SAFE AND LEGAL ABORTION. WE WORK DILIGENTLY TO EDUCATE LAWMAKERS ON A LOCAL, STATE AND FEDERAL LEVEL ABOUT THE IMPACT SUCH POLICIES HAVE IN CREATING HEALTHY COMMUNITIES AND FIGHT FOR CRITICAL HEALTH CARE FUNDING FOR EVERYONE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,620,290.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		
b	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?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
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?			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

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 1a 19 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.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8a	X	
b	Each committee with authority to act on behalf of the governing body? 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

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		X
b	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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
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	X	
13	Did the organization have a written whistleblower policy? 13	X	
14	Did the organization have a written document retention and destruction policy? 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official 15a	X	
b	Other officers or key employees of the organization 15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
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

- 17 List the states with which a copy of this Form 990 is required to be filed CA
- 18 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 Another's website Upon request Other (explain in Schedule O)
- 19 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: _____
EMMA MAYER - 805-722-1518
518 GARDEN STREET, SANTA BARBARA, CA 93101

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA GIEGERICH DIRECTOR	0.50	X						0.	0.	0.
(2) LESLIE BHUTANI DIRECTOR	1.00	X						0.	0.	0.
(3) LUCINDA YOUNG TREASURER	1.00	X		X				0.	0.	0.
(4) KAREN SCHLOSS HEIMBERG DIRECTOR	0.50 0.50	X						0.	0.	0.
(5) MARK ASMAN DIRECTOR	0.50	X						0.	0.	0.
(6) KAREN ENGBERG, M.D. DIRECTOR	0.50	X						0.	0.	0.
(7) DAN HONE DIRECTOR	0.50	X						0.	0.	0.
(8) DEBORAH LONGSTAFF LYNCH BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(9) RICHARD JENSEN DIRECTOR	0.50	X						0.	0.	0.
(10) SUE EHRLICH DIRECTOR	0.50	X						0.	0.	0.
(11) RICHARD SAENZ BOARD SECRETARY	1.00	X		X				0.	0.	0.
(12) ELINOR LANGER DIRECTOR	0.50	X						0.	0.	0.
(13) JENNIFER RANDALL DIRECTOR	0.50	X						0.	0.	0.
(14) JULIA SPRINGER DIRECTOR	0.50	X						0.	0.	0.
(15) DIANE RODRIGUEZ-KIINO DIRECTOR	0.50	X						0.	0.	0.
(16) DR. BETTY STAPLEFORD DIRECTOR	0.50	X						0.	0.	0.
(17) AYESHA SHAIKH, M.D. DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAMELA MCLEAN PHD BOARD CHAIR	2.00	X		X				0.	0.	0.
(19) JEAN K. SCHUYLER DIRECTOR	0.50	X						0.	0.	0.
(20) JENNIFER RANDALL DIRECTOR	0.50	X						0.	0.	0.
(21) CHERYL ROLLINGS PRESIDENT AND CEO	39.80			X				230,801.	1,043.	43,860.
(22) RUBEN GRIGORIAN FORMER VP OF FINANCE & CFO	40.00			X				143,802.	0.	11,547.
(23) EMMA MAYER VP OF FINANCIAL SERVICES	40.00			X				28,132.	0.	1,353.
(24) VIRGINIA SIEGFRIED MEDICAL DIRECTOR	40.00				X			222,900.	0.	15,733.
(25) PATRICIA FAJARDO VP CLINICAL SERVICES	40.00					X		138,550.	0.	15,696.
(26) MARJEAN ALLEN EMPLOYEE	40.00					X		113,950.	0.	7,911.
1b Sub-total								878,135.	1,043.	96,100.
c Total from continuation sheets to Part VII, Section A								389,048.	0.	33,272.
d Total (add lines 1b and 1c)								1,267,183.	1,043.	129,372.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHERN COAST JANITORIAL SERVICE, 133 EAST DE LA GUERRA STREET, SANTA BARBARA, ANA ROJAS	JANITORIAL SERVICES FOR MULTIPLE SITES	142,187.
333 N. KALORAMA ST #60, VENTURA, CA 93001	ELECTRONIC RECORDS TRANSITION	103,058.

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

**PLANNED PARENTHOOD OF SANTA BARBARA,
VENTURA, & SAN LUIS OBISPO COUNTIES, INC**

95-2319356

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHARON MADSEN VP OF DEVELOPMENT	40.00					X		137,255.	0.	9,881.
(28) DENISE SHESLER EMPLOYEE	40.00					X		117,790.	0.	12,019.
(29) DORIS REAGEN EMPLOYEE	40.00					X		134,003.	0.	11,372.
Total to Part VII, Section A, line 1c								389,048.		33,272.

PLANNED PARENTHOOD OF SANTA BARBARA,
VENTURA, & SAN LUIS OBISPO COUNTIES, INC

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events	317,931.				
	d Related organizations					
	e Government grants (contributions)	605,146.				
	f All other contributions, gifts, grants, and similar amounts not included above	1,402,986.				
	g Noncash contributions included in lines 1a-1f: \$	5,178.				
	h Total. Add lines 1a-1f	2,326,063.				
	Program Service Revenue	Business Code				
2 a CA FAMILY HEALTH PLANNING		624100	8,756,521.	8,756,521.		
b PATIENT REVENUE		624100	1,508,768.	1,508,768.		
c CENCAL		624100	734,624.	734,624.		
d MEDI-CAL		624100	706,277.	706,277.		
e GOLD COAST		624100	433,494.	433,494.		
g Total. Add lines 2a-2f			12,139,684.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		236,922.		236,922.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		285,613.		285,613.	
	8 a Gross income from fundraising events (not including \$ 317,931. of contributions reported on line 1c). See Part IV, line 18	a		228,813.		
		b Less: direct expenses		190,989.		
c Net income or (loss) from fundraising events			37,824.		37,824.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a EHR IMPLEMENTATION REIMB	900099	232,250.	232,250.			
b MISCELLANEOUS	900099	28,494.	8,704.	19,790.		
c						
d All other revenue						
e Total. Add lines 11a-11d		260,744.				
12 Total revenue. See instructions.		15,286,850.	12,380,638.	0.	580,149.	

PLANNED PARENTHOOD OF SANTA BARBARA,
VENTURA, & SAN LUIS OBISPO COUNTIES, INC

Form 990 (2013)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	43,292.	43,292.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	784,671.	607,055.	141,382.	36,234.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,656,174.	4,375,858.	1,019,132.	261,184.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	213,013.	172,162.	31,525.	9,326.
9 Other employee benefits	740,410.	598,416.	109,578.	32,416.
10 Payroll taxes	523,926.	414,852.	86,605.	22,469.
11 Fees for services (non-employees):				
a Management				
b Legal	30,871.		30,871.	
c Accounting	90,937.		90,937.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,416.		67,416.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	387,756.	319,601.	65,622.	2,533.
12 Advertising and promotion	85,841.	17,576.	57,715.	10,550.
13 Office expenses	223,839.	92,816.	125,808.	5,215.
14 Information technology				
15 Royalties				
16 Occupancy	474,479.	265,877.	195,895.	12,707.
17 Travel	78,636.	65,386.	8,864.	4,386.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	74,752.	46,248.	22,642.	5,862.
20 Interest				
21 Payments to affiliates	202,595.	11,568.	191,027.	
22 Depreciation, depletion, and amortization	1,015,630.	848,589.	131,046.	35,995.
23 Insurance	123,355.	123,355.		
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 MEDICAL SUPPLIES	2,370,491.	2,370,491.		
b LABORATORY FEES	651,969.	651,969.		
c EQUIPMENT REPAIRS & MAI	290,339.	205,752.	67,815.	16,772.
d PROPERTY REPAIRS & MAIN	286,882.	181,935.	104,104.	843.
e All other expenses	373,595.	207,492.	120,796.	45,307.
25 Total functional expenses. Add lines 1 through 24e	14,790,869.	11,620,290.	2,668,780.	501,799.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**PLANNED PARENTHOOD OF SANTA BARBARA,
VENTURA, & SAN LUIS OBISPO COUNTIES, INC**

Form 990 (2013)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	716,041.	1	273,498.		
	2 Savings and temporary cash investments	678,340.	2	544,825.		
	3 Pledges and grants receivable, net	358,839.	3	317,935.		
	4 Accounts receivable, net	1,669,076.	4	1,920,021.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use	304,808.	8	318,420.		
	9 Prepaid expenses and deferred charges	209,749.	9	137,838.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	21,418,911.			
	b Less: accumulated depreciation	10b	6,281,287.	15,619,394.	10c	15,137,624.
	11 Investments - publicly traded securities		8,162,146.	11	9,705,852.	
	12 Investments - other securities. See Part IV, line 11			12		
	13 Investments - program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
	15 Other assets. See Part IV, line 11		296,478.	15	393,782.	
16 Total assets. Add lines 1 through 15 (must equal line 34)		28,014,871.	16	28,749,795.		
Liabilities	17 Accounts payable and accrued expenses	495,831.	17	575,036.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
	23 Secured mortgages and notes payable to unrelated third parties	2,000,000.	23	1,743,506.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,925,976.	25	1,450,618.		
	26 Total liabilities. Add lines 17 through 25	4,421,807.	26	3,769,160.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	21,516,509.	27	20,632,154.		
	28 Temporarily restricted net assets	129,088.	28	329,041.		
	29 Permanently restricted net assets	1,947,467.	29	4,019,440.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	23,593,064.	33	24,980,635.			
34 Total liabilities and net assets/fund balances	28,014,871.	34	28,749,795.			

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,286,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,790,869.
3	Revenue less expenses. Subtract line 2 from line 1	3	495,981.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,593,064.
5	Net unrealized gains (losses) on investments	5	885,448.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,142.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,980,635.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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