Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Inspection

	·	2013 calendar year, or tax year beginning 07/01, 2013, and ending		/30, 20 14
		C Name of organization PLANNED PARENTHOOD OF ALBUQUERQUE, INC.	D Employer identifica	ition number
Che	eck If ap	F/K/A PLANNED PARENTHOOD OF NEW MEXICO, INC.	85-0197745	
	Addre			
Х	1 -	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	
	Instial	etum 7155 E. 38TH AVENUE	(303) 321-75	26
	Termi	City or town, state or province, country, and ZIP or foreign postal code		
	Amen	DENVER, CO 80207	G Gross receipts \$	
\vdash	Applic	F Name and address of principal officer VICKT COWART	H(a) Is this a group return	for Yes X
] pendi	7155 E 38TH AVENUE DENVER, CO 80207	subordinates? H(b) Are all subordinates incl	huded? Yes
1 7	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If "No," attach a list	
		e: > N/A	H(c) Group exemption nui	mber >
			ormation 1964 M State of	
			ormation 1901 in Otale o	r logar donnois 1
	art I		OTTAL TOU OF THE	עם י
	1	Briefly describe the organization's mission or most significant activities TO IMPROVE THE		- D1
힐		PROVIDING AFFORDABLE AND ACCESSIBLE FAMILY PLANNING AND R	ETAIED WEARIN	
Ē		SERVICES FOR WOMEN AND MEN OF AGES AND INCOME LEVELS.		
Governance		Check this box $lackbox{lack} X$ if the organization discontinued its operations or disposed of more than	1.1	
	3	Number of voting members of the governing body (Part VI, line 1a)		
οğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		
Activities &	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
ŧ	6	Total number of volunteers (estimate if necessary)	6	
¥	7a	Total number or volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (CD)re-12 EV	7a	
	b	Net unrelated business taxable income from Form 990-T_Line 34		
		-614	Prior Year	Current Year
1	8	Contributions and grants (Part VIII, line 1h)	132,838.	
еппе		Program service revenue (Part VIII, line 2g)	651,893.	
	9		031,033.	
∞		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)	1,987.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	786,718.	
	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	
a 0 l	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	323,393.	
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	284,322.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	607,715.	
	19	Revenue less expenses Subtract line 18 from line 12	179,003.	
- S			Beginning of Current Year	End of Year
Assets or Balances	20	Total assets (Part X, line 16)	351,963.	
ŭ =	20		148,379.	
28		Total liabilities (Part X, line 26)	203,584.	
# č l				
S.E.	22	Net assets or fund balances Subtract line 21 from line 20	203,564.	
Par Par	22 it	Signature Block		nowledge and halief
Par	22 rt II		ents, and to the best of my ki	nowledge and belief,
Par	22 rt II	Signature Block alties of persury. I declare that have examined this return, including accompanying schedules and statement	ents, and to the best of my ki	nowledge and belief,
Par Und true,	rt II der per	Signature Block alties of perjury, I declare that have examined this return, including accompanying schedules and statement, and complete Declaration of preparer other than officer) is based on all information of which preparer has a schedule of the complete Declaration of which preparer has a schedule of the complete Declaration of which preparer has a schedule of the complete Declaration of which preparer has a schedule of the complete Declaration of the complete Declarat	ents, and to the best of my krany knowledge	nowledge and belief,
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Par Und true,	rt II der per c, corre	Signature Block alties of perjury, I declare that have examined this return, including accompanying schedules and statement, and complete Declaration of preparer other than officer) is based on all information of which preparer has a	ents, and to the best of my krany knowledge	nowledge and belief,
Par Und true,	rt II der per c, corre	Signature Block alties of perjury, I declare that have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer other than efficery is based on all information of which preparer has signature of officer. Signature of officer. Type or print name and title	ents, and to the best of my krany knowledge	nowledge and belief,
Par Und true, Sign	rt II der per o, corre	Signature Block alties of perjury. I declare that have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer other than officer is based on all information of which preparer has signature of officer. Signature of officer. Vicki Cowart President CEO	ents, and to the best of my krany knowledge ASep	nowledge and belief,
Par Und true, Sign Her	rt II der per , corre	Signature Block alties of perjury, I declare that have examined this return, including accompanying schedules and statement, and complete. Declaration of preparer other than efficery is based on all information of which preparer has signature of officer. Signature of officer. Type or print name and title	ents, and to the best of my krany knowledge A Sep Date	+14
Par Und true, Sign Her Paid Prep	rt II der per corre	Signature Block alties of perjury, I declare that have examined this return, including accompanying schedules and statement, and complete Declaratiop of preparer other than efficer) is based on all information of which preparer has a signature of officer. Signature of officer , Type or print name and title Print/Type preparer's name SHELLEY A OWENS , CPA Preparer's signature Date July	ents, and to the best of my krany knowledge ASep Date Check if P self-employed	TIN P00517745
Par Und true, Sign Her Paid Prep	rt II der per , corre	Signature Block alties of perjury, I declare that have examined this return, including accompanying schedules and statement, and complete Declaration of preparer other than efficer) is based on all information of which preparer has a signature of officer. Signature of officer Type or print name and title Print/Type preparer's name Rreparer's signature Date	ents, and to the best of my krany knowledge A Sep Date Check if P' self-employed	TIN P00517745

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Part	V 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		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
•	Part III			
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٣		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	,	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	i i		
·	complete Schedule D, Part III	8		х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	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		Х
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.			
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		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? 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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	40.		v
	complete Schedule D, Parts XI and XII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	40.		v
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		
D	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		`	000	(2012)

Part	Checklist of Required Schedules (continued)		1	
			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	21		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	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			
	employees? If "Yes," complete Schedule J	23		Х
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		х
	through 24d and complete Schedule K. If "No," go to line 25a,	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	١.,		
	to defease any tax-exempt bonds?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
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	27		х
		21		Λ
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):			7,
	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? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		·	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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	x	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		
34		24	х	
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
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		Х
37	$ \ \text{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			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			gan	(2042)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
_	Check if Schedule O contains a response of note to any line in this Part V		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		,,,,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.			
b	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)	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		_ ^
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30	ļ	
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	4a		x
ь	account)?			
	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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
ď	required to file Form 8282?	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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	١.		
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	İ _		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			}
	Enter the amount of reserves on hand			<u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h	ı	i .

<u>Sect</u>	ion A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5			
	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	46 1			
þ	Enter the number of voting members included in line 1a, above, who are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		,		x
	any other officer, director, trustee, or key employee?		2_		
3	Did the organization delegate control over management duties customarily performed by or ur		3	Х	
	supervision of officers, directors, or trustees, or key employees to a management company or other		4		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's		6		X
6	Did the organization have members or stockholders?		-		
7a	Did the organization have members, stockholders, or other persons who had the power to el		7a		х
	one or more members of the governing body?		1a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval		7b		х
	stockholders, or persons other than the governing body?				
8	the year by the following:	sitaken during			
•	The governing body?		8a	Х	
a 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				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Int		Code	∍.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	the same of the sa				}
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pi	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?.	11a		Х
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 to	hat could give			
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p			77	,
	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		
15	Did the process for determining compensation of the following persons include a review an	• • •			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				x
_	The organization's CEO, Executive Director, or top management official		15a		x
b	Other officers or key employees of the organization		15b		<u> </u>
	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	-	16a		x
_	with a taxable entity during the year?		IUa		
р	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure		105		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ №,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	. 990-T (Section	501(:)(3)s	only)
. •	available for public inspection. Indicate how you made these available. Check all that apply		'('	-,,0,0	
	Own website X Another's website X Upon request Other (explain in Sch	nedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of inte	erest	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 th	ne		
		313-7611			

JSA 3E1042 1 000 Form **990** (2013)

FORM 990 (2013	}		E TIMIAT	ADD EWER	VIIIOOD OF	ייייר	OCCUPATION .				. 495
Part VII	Compensation	of	Officers,	Directors	, Trustees,	, Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co										
	Check if Sched	ule	O contains	s a respons	se or note to	any li	ne in this Par	t <u>VII</u>			<u>. L</u>

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

X 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an employee (Key employee Officer Institutional trustee or director		(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			
	1.00	х					C	0	(
(2)CATHY GAILE	1.00	41		\dashv					
CHAIR	0	х		$_{\rm X}$			c	0	(
(3)AMY STEADMAN	1.00								
TRUSTEE	0	Х					C	0	(
(4)BRAIN NICHOLS	1.00		ļ						
TRUSTEE	0	Х					С	0	(
_(5)ROBERT_TYRE TRUSTEE	1.00	x	Ì				l o	0	(
		A							
_(7)						-			
(10)									
(11)									
(12)									
(13)									
(14)									

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Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title		(B) (C) erage urs per (list any box, unless person is bo officer and a director/fir.						(D) Reportable compensation from the	(E) Reporta compensation related organizat	on from	an com	Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC) fro orga and		om the anizatio d relate anizatio	on d	
														
				_						_				
С	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A .						* * *	0 0		0 0 0	-		0 0
2	Total number of individuals (including but not reportable compensation from the organization		hose (liste	d al	bov	e) who	o re	ceived more than	\$100,000	of			
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	0,0	00?	' If	"Yes	5," (complete Schedu	le J for s	the such	4		х
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satı	on t	fron	n any	็นกเ	related organization	on or indivi		5		Х
	ction B. Independent Contractors													
1	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) (B) (C) Name and business address Description of services Compensation													

								1						
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nited		thos	e li	sted above) who	received				

Part VIII	Statement of Revenue
	Objects of Oaks aloke Oaks and

		Check if Schedule O contains a response or no	ote to any line in this	Part	VIII	. <u></u>	
			(A) Total revenu		(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	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions)					
a Co	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		0			
	h	Busines					
Service Revenue	2a b						
Š	С						
Ser	d				-		ļ
Program	e						
.go	f	All other program service revenue					
<u> </u>	3 3	Total. Add lines 2a-2f		0			
		other similar amounts)		0	1		<u> </u>
	4	Income from investment of tax-exempt bond proceeds	1	0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0		<u> </u>	
	6a	Gross rents	SOLIAL				
	þ	Less rental expenses					
	C	Rental income or (loss)		-			-
	7a	Gross amount from sales of (i) Securities (ii) C		0			
	ь	assets other than inventory Less cost or other basis					
		and sales expenses					
	c d	Gain or (loss)	▶	0			
ne	8a	Gross income from fundraising					
ē		events (not including \$					
ě		of contributions reported on line 1c)	ļ				
<u> </u>		See Part IV, line 18 a					
Other Revenue	1	Less direct expenses b			}		
Ö	C	Net income or (loss) from fundraising events		_0			
		Gross income from gaming activities See Part IV, line 19					
	b c	Less direct expenses	>	0			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less cost of goods sold	▶	0			
		Miscellaneous Revenue Busines	s code				
	11a						
	b						<u></u>
	С						
	d	All other revenue					
	12	Total. Add lines 11a-11d		0			
	112	Total revenue. See III SHUCHORS		0	I		1

Part IX	Statement	of Functiona	l Expenses
	Q LULC III O II C	OI I WIIOUOIIU	II EXPOITOGO

Sec	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 resp								
	not include amounts reported on lines 6b, 7b, 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 $$.	0							
2	Grants and other assistance to individuals in								
	the United States See Part IV, line 22	0							
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16	0							
	Benefits paid to or for members								
5	Compensation of current officers, directors,	0							
_	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0							
7		0							
	Other salaries and wages								
8	Pension plan accruals and contributions (include section	0							
^	401(k) and 403(b) employer contributions)	0							
	Other employee benefits	0			<u> </u>				
10	Payroll taxes								
	Management	o							
	Legal	0							
	: Accounting	0							
	Lobbying	0							
	Professional fundraising services See Part IV, line 17.	0							
	Investment management fees	0							
	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	0							
12	Advertising and promotion	0							
13	Office expenses	0	L						
14	Information technology	0							
15	Royalties	0							
16	Occupancy	0							
17	Travel	0							
18	Payments of travel or entertainment expenses	_							
	for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0							
23	Insurance								
24									
	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)	-							
_									
•		· 			-				
, ,									
u A	All other expenses								
	Total functional expenses. Add lines 1 through 24e	0							
	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 ▶								
	following SOP 98-2 (ASC 958-720)	0							
JSA					F 000 (2012)				

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Pari	ŧΧ	Balance Sheet			····
		Check if Schedule O contains a response or note to any line in this Pa	rt X . <u></u>		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	·	1	C
	2	Savings and temporary cash investments	0		(
	3	Pledges and grants receivable, net	0	3	(
	4	Accounts receivable, net		4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	C	5	(
	6	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	0	6	C
ş	7	organizations (see instructions) Complete Part II of Schedule L		7	C
Assets	7	Notes and loans receivable, net			
ĕ	8	Inventories for sale or use			
١.	9		· · · · · · · · · · · · · · · · · · ·	-	
	ıva	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D Less accumulated depreciation	351,963.	100	o
		· · · · · · · · · · · · · · · · · · ·		11	0
	11	Investments - publicly traded securities		12	0
	12 13	Investments - other securities. See Part IV, line 11		13	0
	14	Investments - program-related See Part IV, line 11		14	0
	15	Intangible assets		15	0
	15 16	Other assets See Part IV, line 11			
\rightarrow	17	Accounts payable and accrued expenses	331,303:	17	0
J	18			18	0
	19	Grants payable		19	0
	20	Tax-exempt bond liabilities		20	0
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
w ,	22	Loans and other payables to current and former officers, directors,			
iq (trustees, key employees, highest compensated employees, and			
림		disqualified persons. Complete Part II of Schedule L	C	22	0
.	23	Secured mortgages and notes payable to unrelated third parties	140 270		C
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	148,379.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	·		
Fund Balances	27	Unrestricted net assets	0	27	o
39	28	Temporarily restricted net assets	203,584.	28	0
<u> </u>	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-ın or capıtal surplus, or land, building, or equipment fund		31	
221	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ę :	33	Total net assets or fund balances	203,584.	33	0
	34	Total liabilities and net assets/fund balances	351,963.	34	0
;	54	Total liabilities and het assets/fund balances	351,963.	34	F

Form **990** (2013)

Form 99	90 (2013)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				0
2	Total expenses (must equal Part IX, column (A), line 25)	2				0
3	Revenue less expenses. Subtract line 2 from line 1	3				0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	03,5	84.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2	03,5	584.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				0
Part						
	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," e	xplair	ı ın			
	Schedule O	•				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		Х
U	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:		•			
	Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversity of the committee o	eiaht				
·	of the audit, review, or compilation of its financial statements and selection of an independent accou	-	,	2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	vhiqii	1 113			
•						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se			3a		х
	the Single Audit Act and OMB Circular A-133?			Ja		- 11
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo suited audit or audits and the organization undergo such audits and the organization did not undergo suited audit or audits and the organization did not undergo.		tne	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	นแร		JOD		

Form **990** (2013)

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

_				OD OF ALBUQUERQUE		C.	-		Emplo	yer iden	tification number
		PLANNED PARENT			.,	•			•	85	-0197745
Pa				s (All organizations mu	st con	nplete	this pa	rt.) Se	e instr		
				cause it is: (For lines 1 th							
1				association of churches).	
2		•		(1)(A)(ii). (Attach Schedul				` ',	. , , , , ,		
3	П			ervice organization descr		sectio	n 170(b)(1)(A)	(iii).		
4	П			erated in conjunction wi						n 170(t	o)(1)(A)(iii). Enter the
		hospital's name, cit		•							
5		An organization op	erated for the bea	nefit of a college or univ	ersity	owned	or ope	rated l	by a go	vernme	ental unit described in
		section 170(b)(1)(A									
6		A federal, state, or	local government	or governmental unit des	cribed	ın sect	ion 170	(b)(1)(A)(v).		
7	Х	An organization tha	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	nit or fro	om the general public
		described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II)							
8		A community trust	described in secti	on 170(b)(1)(A)(vi). (Com	plete F	art II.)					
9		An organization tha	at normally receive	es (1) more than 331/3%	of its	suppo	rt from	contrib	outions,	memb	ership fees, and gross
		receipts from activ	ities related to its	exempt functions - subj	ect to	certai	п ехсер	tions,	and (2)	no mo	re than 331/3% of its
		support from gros	s investment inco	ome and unrelated busi	ness t	axable	income	e (less	sectio	n 511	tax) from businesses
		acquired by the org	janization after Jur	ne 30, 1975 See section	509(a) <mark>(2)</mark> . (0	Complete	e Part I	II)		
10		An organization org	anized and opera	ted exclusively to test for	public	safety.	See se	ction 5	i09(a)(4	١).	
11		An organization of	rganized and ope	rated exclusively for the	bene	fit of,	to perfe	orm th	e funct	tions of	, or to carry out the
		purposes of one o	r more publicly su	ipported organizations de	escribe	d in s	ection 5	09(a)(1) or se	ection 5	09(a)(2) See section
		509(a)(3). Check th	ne bo <u>x that describ</u>	es the type of supporting	organ	ızatıon	and co	mplete	lines 1	1e throu	ugh 11h
		a Type I	b Type II	c Type III-Function	•	•					unctionally integrated
е	\Box	•	-	e organization is not con			-	-	-		
		other than foundat	on managers and	other than one or more	publicl	y supp	orted o	rganıza	itions d	lescribe	d in section 509(a)(1)
		or section 509(a)(2									
f		-		n determination from th	e IRS	that it	ıs a Ty	/pe I, 1	Гуре II,	or Typ	e III supporting
		organization, check									
g		-	006, has the orga	nization accepted any gift	t or co	ntributi	on from	any of	f the		
		following persons?									
				tly controls, either alone		ether v	with per	sons d	escribe	d in (ii)	
				the supported organization	on?						11g(ı)
		(ii) A family memb									11g(II)
		• •	= :	on described in (i) or (ii) a							11g(III)
h				ut the supported organiza			1				
	• •	ame of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9	organi	ls the zation in	(v) Did you		1	ls the zation in	(vii) Amount of monetary support
		- g		above or IRC section	col (I)	listed in overning	in col (i)	of your	col (i) o	rganized	
				(see instructions))	docu	ment?	supp		 	US?	
					Yes	No	Yes	No	Yes	No	
(A)									1		
									-		
(B)											
(C)											
					ļ	ļ			 		
(D)											
									-		
(E)											
T-40						1	1			:	

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

Schedule A (Form 990 or 990-EZ) 2013

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	802,258	858,383	831,993	132,838	0	2,625,472
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	802,258	858,383	831,993	132,838		2,625,472
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)						0
_6	Public support. Subtract line 5 from line 4						2,625,472
Sec	tion B. Total Support		1				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	802,258	858,383	831,993	132,838		2,625,472
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,599	7,558	6,429			22,586
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH-1	17,898					17,898
11	Total support. Add lines 7 through 10						2,665,956
12	Gross receipts from related activities, etc. (s	•				12	9,535,444
13	First five years. If the Form 990 is forganization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2013 (li		-			14	98.48%
15	Public support percentage from 2012						92.43%
16a	331/3% support test - 2013. If the o	-					(===
_	this box and stop here. The organization 331/3% support test - 2012. If the co	•		•			
	check this box and stop here. The orga	anization qualific	es as a publicly s	supported orgai	nization		▶□
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets t	meets the "facts-and-c	cts-and-circumst ircumstances" te	ances" test, che est The organia	eck this box ar zation qualifies	nd stop here . E as a publicly s	Explain in
b	organization	2012. If the organization meets on meets the "	panization did no the "facts-and facts-and-circum	ot check a box l-circumstances" istances" test	on line 13, 16a ' test, check th The organizatio	a, 16b, or 17a, nis box and st n qualifies as a	op here. a publicly
18	supported organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	•
	instructions						90 or 990-EZ) 2013

art III	Support Schedule	for Organizations	Described in Section	า 509(a)(2)
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(Complete only if you checked the box on line 9 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				,	,	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")						
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		ļ				
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4							
	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					1	
	organization without charge			·			
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified		i				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						
•	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b			_			
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on		<u>. </u>				
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	•			•		
	organization, check this box and stop here.			<u> </u>			▶
Sec	tion C. Computation of Public Sup	port Percenta	age			,	
15	Public support percentage for 2013 (line 8,	column (f) divide	ed by line 13, colur	որ (f))		15	<u></u> %
16	Public support percentage from 2012 Sche	dule A, Part III, iir	ne 15	<u></u>	· · · · · · · · · · · · · · · · · · ·	16	%%_
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lir			13, column (f))		17	%
18	Investment income percentage from 2012 S					18	%
	331/3% support tests - 2013. If the org						and line
	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2012. If the orga		_	•	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
~	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of						
JSA	rearreagem in the organization (2.2 0110010		,,		Schedule A (Form 9	

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	- OTHER INCOME			<u>A</u>	TTACHMENT 1	
DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
OTHER INCOME	17,898					17,898
TOTALS	17,898_					17,898

Schedule N (Form 990 or 990-EZ) (2013) lax-exempt) or type (g) IRC section of OMB No 1545-0047 recipient(s) (if Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Yes Open to Publi of entity Employer identification number 2b 2q 3c Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? 85-0197745 (f) Name and address of recipient Liquidation, Termination, Dissolution, or Significant Disposition of Assets ► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990. e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III (e) EIN of recipient Attach certified copies of any articles of dissolution, resolutions, or plans. (d) Method of determining FMV for asset(s) distributed or transaction expenses Become an employee of, or independent contractor for, a successor or transferee organization? PLANNED PARENTHOOD OF ALBUQUERQUE, INC. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. (c) Fair market value of asset(s) distributed or amount of transaction Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization Part I can be duplicated if additional space is needed. ► Attach to Form 990 or 990-EZ. PARENTHOOD OF NEW MEXICO, INC. (b) Date of distribution (a) Description of asset(s) distributed or transaction Department of the Treasury F/K/A PLANNED SCHEDULE N (Form 990 or 990-EZ) Name of the organization Internal Revenue Service Part

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Schedule N (Form 990 or 990-EZ) (2013)

Page 2

Part I Liquidation, Termination, or Dissolution (continued)	Dissolution (c_0)	ontinued)				•	
Note. If the organization distributed all of its assets during the ta	of its assets dur	x year,	then Form 990, Part X, colum	column (B), line 16 ((Total assets), and line 26		Yes
(Total liabilities), should equal -0-							-
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	accordance with it	s governing instrumen	t(s)? If "No," describe in Part II			e	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	torney general or	other appropriate stat	e official of its intent to dissolve	, liquidate, or term	inate?	49	
b If "Yes," did the organization provide such notice?	otice?					4p	
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	fits liabilities in ac	cordance with state law	rs.			2	
6 a Did the organization have any tax-exempt bonds outstanding during the year?	onds outstanding					6a	
b Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	all of its tax-exem	pt bond fiabilities durii	ng the tax year in accordance v	vith the Internal Re	wenue Code and state laws?	9 :	
c_If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III	the organization of	lefeased or otherwise	settled these liabilities If "No," e	xplain in Part III			
Part Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete the "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	, or Other Tra	nsfer of More T 990-EZ, line 36.	Than 25% of the Organ Part II can be duplicated	nization's Ass	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.		answered
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC recipi tax-exen	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
FIXED ASSETS	08/19/2013	351,963	COMPARABLE SALES	84-0404253	PLANNED PARENTHOOLD OF THE ROCKY MINS 7155 E 38TH AVENUE DENVER, CO 80207	501 (C) (3)	
					D PAREN		
RELATED LIABILITIES ASSUMED	08/19/2013	-148,379	COMPARABLE SALES	84-0404253	7155 E 38TH AVENUE DENVER, CO 80207	501(C)(3	
	_						
							Yes No
 a Become a director or trustee of a successor or transferee organization? 	key employee or un or transferee orga	e organization nization?				2a	×
b Become an employee of, or independent contractor for, a successor or tr	ontractor for, a suc	cessor or transferee organization?	ganization?			2b	×
c Become a direct or indirect owner of a successor or transferee organization?	sessor or transfered			•		2c	×
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	ion or other simil	ar payments as a resul	It of the organization's significar	it disposition of as	sets?	2d	×
e If the organization answered "Yes" to any of the questions in this line,	of the questions in		provide the name of the person involved and explain in Part III	d explain in Part III	A		

Schedule N (Form 990 or 990-EZ) (2013)

Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, 2A

BRIAN NICHOLS AND ANN SMITH ARE TRUSTEES OF PLANNED PARENTHOOD OF THE

ROCKY MOUNTAINS AFTER THE TRANSER OF ASSETS.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

201 Open to P

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

PLANNED PARENTHOOD OF ALBUOUEROUE, INC.

F/K/A PLANNED PARENTHOOD OF NEW MEXICO, INC.

Employer identification number

85-0197745

FORM 990, PART VI, SECTION B, LINE 11B

THE CONTROLLER REVIEWS THE FORM 990 AND THE PRESIDENT/CEO SIGNS IT. LEGAL

COUNSEL ALSO REVIEWS THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C

ALL STAFF AND BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY

ANNUALLY AND SIGN A DECLARATION THAT THEY WILL ADHERE TO IT. ACCORDINGLY,

THE POLICY IS REVIEWED WITH BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19

THE DOCUMENTS ARE AVAILABLE AT ANOTHER'S WEBSITE AND UPON REQUEST.

ON AUGUST 18, 2013, THE ORGANIZATION'S LAND AND BUILDINGS LOCATED AT 3625 CENTRAL AVENUE AND 701 SAN MATEO WERE ACQUIRED BY PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS. \$203,584 IS THE NET BOOK VALUE OF THE ASSETS AND LIABILITIES OF PLANNED PARENTHOOD OF NEW MEXICO THAT WERE TRANSFERRED.

PART III, LINE 3

FORM 990, PART XI, LINE 5

IN 2013, THE ORGANIZATION WAS ACQUIRED BY PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS. THERE WERE NO PROGRAM SERVICES PROVIDED BY THE ORGANIZATION AFTER THAT TIME.

PLANNED PARENTHOOD OF ALBUQUERQUE, INC.

85-0197745

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▼ See separate instructions.

SCHEDULE R (Form 990)

Internal Revenue Service Name of the organization Department of the Treasury

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. PLANNED PARENTHOOD OF ALBUQUERQUE, INC.

F/K/A PLANNED PARENTHOOD OF NEW MEXICO, INC.

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Open to Public

OMB No 1545-0047

Inspection

85-0197745

Employer identification number

(g) Section 512(b)(13) controlled (f) Direct controlling entity ŝ × × entity Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets entity N/A N/A Public charity status (if section 501(c)(3)) (d) Total income e Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c) Legal domicile (state or foreign country) 501(C)(3) 501(C)(4) Legal domicile (state or foreign country) (b) Primary activity Σ $^{\circ}$ HEALTH CARE Primary activity LOBBYING INC 84-0404253 DENVER, CO 80207 85-0283205 ALBUQUERQUE, NM 87108 (a)
Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization (2) PLAUNED PARENTHOOD OF THE ROCKY MINS, INC (1) PPNM ACTION FUND INC 7155 E 38TH AVENUE 719 SAN MATEO NE Part II

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

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Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Schedule R (Form 990) 2013

Decause it fiau offe of fillore refated organizations treated as a partificially during the tax year.	noie related orga	Inzalions	llealed as a pa	rmersmp durin	g me tax year.					
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predomnant Income (related, unrelated, excluded from tax under	(1) Share of total	(g) Share of end-of- year assets	(n) Olaproportionata affocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(I) General or managing partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes No		Yes No	
(1)										
(2)										
(3)	:									
(4)										
<u>(§)</u>										
(9)										
(<u>ī</u>)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization and Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ed Organizations one or more rela	Taxable ted organ	as a Corporatio Inzations treated	on or Trust Co as a corporat	mplete if the org on or trust during	Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, ons treated as a corporation or trust during the tax year.	ed "Yes" o	n Form 990,	Part IV,	
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Junect controlling Gan entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- seets tage ownership	(i) Section Section 512(b)(13) e controlled ship entity?
										1
(1)										
(2)										
(3)										
(5)										
·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
(1)										
JSA 3E1308 1 000								Schedul	Schedule R (Form 990) 2013	1 990) 201

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	ממנכת כואמווקמוסווא וואיר	מונס ווייס	4
b Gift, grant, or capital contribution to related organization(s)			1b
c Gift, grant, or capital contribution from related organization(s)			1c ×
d Loans or loan guarantees to or for related organization(s)			× ht
e Loans or loan guarantees by related organization(s)			1e ×
f Dividends from related organization(s).			11
g Sale of assets to related organization(s)			× 19 ×
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s).			; ;
j Lease of facilities, equipment, or other assets to related organization(s)			1j
k lease of facilities commont or other according related economistation(a)			
			< ×
m Performance of services or membership or fundraising solicitations by related organization(s)			×
Sharing of facilities, equipment, mailing lists, or other assets with			
o Sharing of paid employees with related organization(s)			
n Reimbilisement paid to related organization(s) for expenses			>
d Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)			11 ×
S			× ×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ris line, including cover	ed relationships and transa	action thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PPNM ACTION FUND, INC.	M, N		
(2) PLANNED PARENTHOOD OF THE ROCKY MNTS, INC	ĸ	203,584.	COST
(3)			
(4)			
(5)			
(9)			
JSA 3E1309 1 000			Schedule R (Form 990) 2013

85-0197745

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Schedule R (Form 990) 2013

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) (c) (d) (d) (e)	(q)	(0)	(p)	(e)	6	(6)	3	(3)	3	3
Name, address, and EIN of enuty	Primary activity	Legal domicile (state or foreign country)	Q.	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	E O	General or managing partner?	Percentage ownership
			from tax under section 512-514)	Yes No			Yes No	(Form 1065)	Yes No	
(1)										
(2)										
(3)						-				
(4)										
(5)										
(9)										
<u>(7)</u>										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)							,			
(16)										
JSA 3E1310 1 000								S	chedule R (Fc	Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Page 5

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see

FEDERAL FOOTNOTES

IN SEPTEMBER 2013 THE ORGANIZATION TRANSFERRED THEIR REMAINING ASSETS INTO ANOTHER ORGANIZATION. AN EXTENSION WAS FILED FOR A SHORT YEAR ENDING SEPTEMBER 30, 2013. ONCE ALL THE DATA WAS GATHERED TO PREPARE THE FORM 990 IT WAS DETERMINED THAT THE ORGANIZATION MUST STAY OPEN FOR LIABILITY PURPOSES UNDER A NEW ENTITY NAME OF PLANNED PARENTHOOD OF ABUQUERQUE, INC. THE TAXPAYER DID NOT FILE A TAX RETURN FOR A TAX YEAR ENDING SEPTEMBER 30, 2013. THE ORGANIZATION STILL EXISTED AND NEEDED TO FILE ON THEIR FULL REPORTING YEAR ENDING JUNE 30, 2014.

THE ORGANIZATION WILL CONTINUE TO REPORT ON THE JUNE 30, 2014 YEAR END UNTIL IT HAS BEEN DETERMINED THAT THE ANY REMAINING LIABILITY OF THE MERGED ENTITY HAS DISSIPATED. PLEASE ADJUST YOUR RECORDS TO REFLECT THE 2013 FORM 990 FOR THE ORGANIZATION WILL HAVE A JUNE 30, 2014 YEAR END.

PLANNED PARENTHOOD OF NEW MEXICO, INC.

Authorizing Resolution

WHEREAS, the Board of Directors of Planned Parenthood of New Mexico, Inc. ("PPNM") has negotiated and fully considered the Asset Purchase Agreement by and between Planned Parenthood of New Mexico, Inc. and Planned Parenthood of the Rocky Mountains, Inc., effective September 1, 2012 (the "Agreement"); and

WHEREAS, based upon its reasonable investigations and inquiries, the Board of Directors has determined that the Agreement will serve the best interests and exempt purposes of PPNM, and that the terms and conditions of the Agreement are both fair and reasonable; and

WHEREAS, the Board of Directors intends that, in accordance with the Agreement, PPNM shall, on and after the Effective Date of the Agreement, become and be operated as an ancillary organization of PPRM; and

WHEREAS, the Board of Directors has adopted this Resolution in order to fully comply with all standards and obligations imposed by Planned Parenthood Federation of America, Inc. ("PPFA") with respect to ancillary organizations;

NOW THEREFORE, the Board of Directors, acting with full authority to do so, approves the Agreement and authorizes the execution of all such documents, and the accomplishment of all such tasks, as may be required to complete the transactions contemplated therein.

Moreover, in order to comply with PPFA standards, the Board of Directors expressly directs, approves, and hereby adopts such amendments to the PPNM Bylaws as are necessary to provide that a majority of the directors of PPNM shall be persons who are then serving as trustees of PPRM, and that the directors of PPNM shall be nominated and appointed, and may at any time be removed, by PPRM.

Done this 28th day of August, 2012.

Brian K. Nichols

Chair of the Board of Directors

8.28.12

Date

ASSET TRANSFER AGREEMENT by and between PLANNED PARENTHOOD OF NEW MEXICO, INC. and PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC.

EXHIBIT ELEVEN: PPRM Board of Trustees Resolution of Approval

Referenced in Section 15.2.1

ROCKY MOUNTAIN PLANNED PARENHOOD, INC., d/b/a PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC.

Authorizing Resolution

WHEREAS, the Board of Trustees of Rocky Mountain Planned Parenthood, Inc., d/b/a Planned Parenthood of the Rocky Mountains, Inc. ("PPRM") duly authorized its New Mexico Task Force to take all steps necessary to negotiate and enter into an agreement though which PPRM would acquire substantially all of the assets of Planned Parenthood of New Mexico, Inc. ("PPNM"); and

WHEREAS, the New Mexico Task Force has negotiated, fully considered, and approved the Asset Purchase Agreement by and between Planned Parenthood of New Mexico, Inc. and Planned Parenthood of the Rocky Mountains, Inc., effective September 1, 2012 (the "Agreement"); and

WHEREAS, based upon its reasonable investigations and inquiries, the New Mexico Task Force has determined that the Agreement will serve the best interests and exempt purposes of PPRM and that the terms and conditions of the Agreement are both fair and reasonable;

NOW THEREFORE, the New Mexico Task Force, acting with full, delegated authority of the Board of Trustees, approves the Agreement and authorizes the execution of all such documents, and the accomplishment of all such tasks, as may be required to complete the transactions contemplated therein.

Moreover, in order to comply with requirements established and imposed by Planned Parenthood Federation of America, Inc. ("PPFA"), the New Mexico Task Force directs, approves, and adopts such changes to the Bylaws of PPRM as are necessary for PPNM to become and to operate, commencing upon the Effective Date of the Agreement, as an ancillary organization of PPRM, including the addition of Bylaws provisions that require a majority of the directors of PPNM to be trustees of PPRM and that authorize the trustees of PPRM to appoint, as well as to remove, directors of PPNM.

Done this 29th day of August, 2012.

Catherine C. Gale

Chair of the Board of Trustees

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