2018.06010 PLANNED PARENTHOOD

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Form 990	T (2018) PLANNED PARENTHOOD OF MICHIGAN	38-1	707521	Page 2
Part		<u> </u>	107321	
331	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	4,265.
34	Amounts paid for disallowed fringes	•	84	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	MT 2	35	4,265.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	Ź	ス   37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	~	<b>ノ   </b>	•
Don	enter the smaller of zero or line 36			0.
	IV Tax Computation		<u> i</u>   89	0.
<b>39</b>	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from:	,	P   #9	
40	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax See instructions	,	40	
42	Alternative minimum tax (trusts only)	•	42	
43	Tax on Noncompliant Facility Income. See instructions		48	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part.	♥ Tax and Payments			
45;	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		_	
<b>/</b> I	Other credits (see instructions)			,
(	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		J-	
46	Total credits. Add lines 45a through 45d Subtract line 45e from line 44		45e 46	0.
47		ttach schedul		<del></del>
48	Total tax. Add lines 46 and 47 (see instructions)	nach schedul	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50	Payments A 2017 overpayment credited to 2018			
ı	2018 estimated tax payments		$\square$ $\sqcup$ $\sqcup$	
(	: Tax deposited with Form 8868			
(	Foreign organizations. Tax paid or withheld at source (see instructions)  50d			
(	Backup withholding (see instructions)			
1	· · · · · · · · · · · · · · · · · · ·			
!	Other credits, adjustments, and payments' Form 2439			
E1	Form 4136 Other Total Form 4136 Total payments. Add lines 50a through 50g			
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	1	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	í	54	
55	Tarana and the same	inded	55	
Part	VI Statements Regarding Certain Activities and Other Information (see instruc	ions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		1	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			$- \frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		<u> </u>
. 58	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year  \$\bigs\\$\$			1 1
<u> </u>	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the	est of my kno	wledge and belief, i	it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	08/14/2020 PRESIDENT/CEO		May the IRS discu	uss this return with vn below (see
_	Signature of officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date C	heck	ıf PTIN	
Paid		elf- employ		
Prepa				053776
Use (		Firm's EIN	▶ 38-1	1357951
	27400 NORTHWESTERN HIGHWAY	Dhan	(240) 3	)E2 2EAA
922711 0	<del></del>	Phone no.	(448)	352-2500

Schedule A - Cost of Goods	<b>Sold.</b> Enter method of invent	ory valuation   N/A					
1 Inventory at beginning of year	1	6 Inventory at end of year			6		
2 Purchases	_ 2	7 Cost of goods sold. Subtract			1		
3 Cost of labor	3	from line 5 Enter here and in				•	
4 a Additional section 263A costs		line 2			7		
(attach schedule)	4a	8 Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b	property produced or a	cquirec	I for resale) apply to			
5 Total. Add lines 1 through 4b	5	the organization?	•				
Schedule C - Rent Income (I	From Real Property and	Personal Property L	ease	d With Real Prope	erty)		
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)	· · · · · · · · · · · · · · · · · · ·						
(4)					·		
	2. Rent received or accrued					-	
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	han 'of rent for pe	nd personal property (if the percentag ersonal property exceeds 50% or if is based on profit or income)	је	3(a) Deductions directly of columns 2(a) and	connected with the d 2(b) (attach sche	income in dule)	j
(1)							
(2)		<del></del> -		<del></del>			
(3)							
(4)							
Total	O . Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A) <b>&gt;</b>		0.	(b) Total deductions, Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt	t-Financed Income (see )	nstructions)					
		2. Gross income from		<ol> <li>Deductions directly conn to debt-finance</li> </ol>		able	
1. Description of debt-fina	inced property	or allocable to debt- financed property		Straight line depreciation	(b) Other	(b) Other deductions (attach schedule)	
·				(attach schedule)	(attach schedule)		
W. CA.CC. AUDITUE DRODE	ID MIX	21 052	5	TATEMENT 3	· <del> </del>	_	
(1) CASS AVENUE PROPE	KTY	31,053.		23,205.	· · · · · · · · · · · · · · · · · · ·		
(2)							
(3)				<del> </del>	<del> </del>		
(4)					<b></b>		
Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule)  STATEMENT 4	5. Average adjusted basis of or allocable to debt-financed property STATEMENT 5	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deducti total of col and 3(b))	
(1) 376,232.	692,287.	54.35%	-	16,877.		12,6	12.
·		%	-			,_	
(2)		- "		<del></del>			
(2)		% I					
(3)		<u>%</u> %		<del></del>			
		%		nter here and on page 1, Part I, line 7, column (A)	Enter here a		
(3) (4)				Part I, line 7, column (A)	Part I, tine 7	7, column (i	(B)
(3)	luded in column 8				Part I, tine 7		(B)

Schedule F - Interest, A		oo, al		Controlled O				loce III	tructions	·/
Name of controlled organization		Employer htfication umber			stal of specified ments made 5. Part of column 4 included in the conorganization's gross		ed in the contr	ntrolling   connected with incom		
(1)										
(2)										
(3)										
(4)							<u> </u>			
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated inc (see instructi		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organ s income	rzation's		ductions directly connected income in column 10
(1)			1				_			<del></del>
(2)										
(3)										
(4)										
		,				Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<b></b>			0.		0.
Schedule G - Investme		Section	1 501(c)(7	), (9), or (	17) Org	anization				
(see instr	ription of Income			2. Amount of	ıncome	3. Deduction directly conne	cted	4. Set-a	asides	5. Total deductions and set-asides
(1)	<del></del>				——- <del> </del>	(attach sched	ule)			(col 3 plus col 4)
(2)										<del> </del>
(3)										<del></del>
(4)		· · ·			-					·
				Enter here and o Part I, line 9 co						Enter here and on page 1, Part I, line 9, column (B)
Totals			▶		0.					0.
Schedule I - Exploited I		y Incom	e, Other	Than Adv		g Income			-	<u> </u>
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)			_							_
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, ), col (B)						<del></del> -	Enter here and on page 1, Part II, line 26
Schedule J - Advertisin	g Income (see	instructio	ns)							
Part I Income From F	Periodicals Rep	oorted o	n a Cons	olidated	Basis					
1. Name of periodical	2. Gross advertising income	adv	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin compute	5. Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)										
(2)		_								
(3)		_		_						
(4)									]	
Totals (carry to Part II, line (5))	•	0.	0							0.
	<del></del>			-						Form 990-T (2018

%

%

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 mlnus col. 3). If a gain, compute cols. 5 through 7 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs costs ıncome (1) (2) (3) (4) Totals from Part I 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title (1)

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Ō.

(2) (3)

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/15	5,871.	0.	5,871.	5,871.
09/30/16	4,267.	0.	4,267.	4,267.
09/30/17	5,127.	0.	5,127.	5,127.
09/30/18	7,136.	0.	7,136.	7,136.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	22,401.	22,401.

FORM 990-T	STATEMENT 3			
DESCRIPTION		ACTIVITY : NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL	- 1	23,205.	23,205.
TOTAL OF FORM 99	0-т, schedule e, column	1 3(A)		23,205.

FORM 990-T		ACQUISITION TO DEBT-FIN			STATEMENT 4
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION		- SUBTOTAL -	1	376,232.	376,232.
TOTAL OF FORM 990	-T, SCHEDULI	E E, COLUMN	4		376,232.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT 5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS - SUBTOTAL -	1	692,287.	692,287.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		692,287.