# EXTENDED TO MAY 15, 2017

# **Return of Organization Exempt From Income Tax**

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.

Intern	al Hever	Information about Form 990 and its instructions is at $w$	VWW.IFS.	.aov/form9	990.	ş insp	ection
A F	or the	2015 calendar year, or tax year beginning $JUL$ $1$ , $2015$ and ending	ng Jl	UN 30	, 2016	-	
B c	heck if	C Name of organization		D Emplo	yer identific	cation numbe	r
	Addre	PLANNED PARENTHOOD SOUTHEAST, INC.					
一	Name				58-60	045874	
一	Initial		n/suite	E Teleph	none number	<del></del>	
$\overline{}$	Final return/	241 PEACHTREE STREET N.E., SUITE 400			(404		285
	termin- ated			G Gross re			8,549.
	Ameno		Ī	H(a) Is th	is a group re		
	Application	F Name and address of principal officer STACI FOX			subordinates		s X No
	pendin	SAME AS C ABOVE		H(b) Are al	l subordinates in	cluded? Ye	s No
1 7	ax-exe	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527			list. (see instru	uctions)
JV	Vebsit	e: WWW.PLANNEDPARENTHOOD.ORG/PPSE				n number 🕨	<u> </u>
KF	orm of	organization: X Corporation	L Year o	f formation	: 1965 N	State of legal	domicile: GA
Pa	ırt l	Summary					
	1	Briefly describe the organization's mission or most significant activities TO PROT	ECT	REPRO	DUCTIV	/E HEAL'I	ГH
Governance	l .	BY PROVIDING COMPREHENSIVE SEX EDUCATION AND	QU.	<u>ALIT</u> Y	HEALT	H CARE.	
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	f more t	han 25% d	of its net ass	ets	
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)			3		31
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		31
S &	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5		101
Activities	6	Total number of volunteers (estimate if necessary)			6		170
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	3	0,000.
_	_ ь	Net unrelated business taxable income from Form 990-T, line 34			7b_	<299	<u>,091.&gt;</u>
	]	RECEIVED	l	Prior \		Current	
OD:	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>↓</b> ∟		<u>5,263.</u>		<u>3,087.</u>
nu	9	Program service revenue (Part VIII, line 2g) 🕺 👸 🗓 🐧 🐧 🦞 2017 😭	<b>\</b>		7,824.		<u>6,368.</u>
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>\</b>		6,503.		<u>4,884.</u>
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e)	1		4,961.		<u>1,749.</u>
:	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (Al Vine 12)	-11	5,91	4,551.	<u>8,75</u>	6,088.
-	13	Grants and similar amounts paid (Part IX, column (A),-lines-1-3)			0.		<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		<u> </u>
S	15	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,824.	3,15	<u>0,774.</u>		
Suc	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	- 🕮				
, M	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		6,516.		<u>3,552.</u>
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		2,340.		4,326.
	19	Revenue less expenses. Subtract line 18 from line 12			<u>,</u> 789.>	1,86	1,762.
s or			Beg		urrent Year	End of	
Assets or d Balances	20	Total assets (Part X, line 16)			8,409.		9,302.
at As		Total liabilities (Part X, line 26)	-		6,840.		<u>4,285.</u>
	_	Net assets or fund balances Subtract line 21 from line 20		3,13.	1,569.	4,98	5,017.
	rt II	Signature Block				<del></del>	<del></del>
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s				knowledge and	belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pri	eparer n	ias any kno		1-2-	
٠.		Signature of officer			<u>5 / 15 /</u>	17	
Sigr					,ato		
Her	е	SARA WOODSON, CHIEF FINANCIAL OFFICER Type or print name and title					
	_		TD:	ate	Check	PTIN	
p.:.4		Print/Type preparer's name  TIMOTHY S. OBERST  Preparer's signature  TIMOTHY S. OBERST		 5/09/:	4 m   f		8530
Paid						58-167	
-	arer Only	Firm's address 3625 CUMBERLAND BOULEVARD, #1000	_		ırm's EIN 🛌	20-107	2012
บชช	Jiily	ATLANTA, GA 30339		,	hone no 77	0-396-2	200
Mar	the I	RS discuss this return with the preparer shown above? (see instructions)			HOHE HO. 7 7	X Yes	
	) (ne ir		سسسب				990 (2015)
<b>3320</b> 0	U 12-11	Fig. Line i or caperwork neutronist notice, see the separate instructions.				romi	(2013)

<u>Form</u>	990 (2015) PLANNED PARENTHOOD SOUTHEAST, INC.	<u>58-6045874</u>	Page 2
Par	t III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
		·-	
1	Bnefly describe the organization's mission		
	PLANNED PARENTHOOD'S MISSION IS TO ENSURE THAT EVERY CHI	LD IS A WAN'	UED
	CHILD, AND TO PROTECT REPRODUCTIVE HEALTH BY PROVIDING C	OMPREHENSIVE	₹,
	MEDICALLY ACCURATE SEX EDUCATION AND QUALITY HEALTH CARE		<u> </u>
		, **********	
	ADVOCATING FOR THE RIGHTS OF WOMEN, MEN, AND FAMILIES.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Ye:	s X No
	If "Yes," describe these new services on Schedule O		
_	·		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. L Ye:	S A 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	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s the total expenses	and
		o, total oxportooo, t	
	revenue, if any, for each program service reported	2 (10	117 .
4a	(Code) (Expenses \$4,437,999. including grants of \$) (Reven		<u>,117.</u> )
	CLINICAL SERVICES - WE PROVIDE AFFORDABLE, QUAILTY FAMIL	Y PLANNING	
	SERVICES FOR WOMEN OF CHILDBEARING AGE WHO ARE IN NEED.	THE POPULATI	ION
	SERVED IS LOW-INCOME AND UNISURED OR UNDER-INSURED WOMEN		
	ACCESS TO FAMILY PLANNING SERVICES. LOW-INCOME AND MINOR		
	GREATER DIFFICULITIES THAN OTHER WOMEN IN AVOIDING UNPLA	NNED PREGNAM	1CA
	DUE TO THE DISPARITIES IN ACCESS AND AFFORDABILITY TO CR	ITICAL	
	PREVENTIVE SERVICES. MAKING SURE THAT CONTRACEPTIVES ARE	AFFORDABLE	AND
	ACCESSABLE FOR ECONOMICALLY VULNERABLE FEMALE-HEADED HOU		
	CHILDREN AND/OR GIRLS FROM ECONOMICALLY VULNERABLE HOUSE		
	THE BEST WAYS TO HELP THIS HIGH-RISK GROUP AVOID UNINTEN	DED PREGNANC	CY.
	SEXUAL AND REPRODUCTIVE HEALTH AND DELAYING CHILD-BEARIN	G ARE IMPORT	TANT
	COMPONENTS OF A HEALTHY LIFE FOR WOMEN. THEY LEAD TO BRO		
	630 513		
4b			,
	PUBLIC POLICY - OUR ADVOCACY EFFORTS ARE ORGANIZED AROUN		
	ENSURE: THAT ALL WOMEN HAVE ACCESS TO SAFE, LEGAL ABORTI	ON; AND, THA	AT
	ALL YOUNG PEOPLE HAVE ACCESS TO COMPREHENSIVE, MEDICALLY	ACCURATE SE	3X
	EDUCATION.		
	EDUCATION.		
	<del></del>	<del></del>	
40	(Code ) (Expenses \$ 210, 273. including grants of \$ ) (Reven		
40	COMMUNITY EDUCATION AND OUTREACH: WE PROVIDE COMMUNITY E		<del></del> '
	OUTREACH TO INDIVIDUALS AND GROUPS THROUGH SCHOOLS, YOUT	<del></del>	
	SOCIAL, CIVIC AND RELIGIOUS ORGANIZATIONS. PROGRAMS INCL	UDE PROVIDIM	1G
	EDUCATION SESSIONS, COORDINATING VOLUNTEER ACTIVITIES, A	ND ATTENDING	3
	HEALTH FAIRS, COLLEGE AND COMMUNITY EVENTS, ANYWHERE WE		
	CORE AUDIENCE TO SHARE INFORMATION ABOUT HEALTH AND WELL	NESS.	
	IN-SCHOOL HEALTH EDUCATION PROGRAM: A COMPREHENSIVE SEX	EDUCATION	
	PROGRAM BROUGHT TO UPPER ELEMENTARY, MIDDLE, AND HIGH SC		ne
		TOOL DIODBIA	<u> </u>
	IN THE ATLANTA AREA.		
	TEEN ACTION GROUP (TAG): A PEER EDUCATION, COMMUNITY SER	VICE AND	
44	Other program services (Describe in Schedule O.)	<del></del>	
70			
	(Expenses \$ 147,984 · including grants of \$ ) (Revenue \$		
40	Total program service expenses ► 5,434,968.		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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 98-197 If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		1	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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		788	
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	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
·	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
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," 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 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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			7,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		,	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<sub>v</sub>	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<del>                                     </del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G. Part III	19		A.

Form 990 (2015) PLANNED PARENTHOOD SOUTHEAST, INC.

[Part: IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic 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 or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
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	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
ь	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	25b		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	-55		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>	\$ \$ <sup>1</sup>	
	instructions for applicable filing thresholds, conditions, and exceptions)	*	ļ,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		х
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		Х
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	33		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	34	X	
35a		35a		Х
ь	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	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	_	х
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	L
		Form	990	(2015)

	990 (2015) PLANNED PARENTHOOD SOUTHEAST, INC. 58-6045	8 <b>74</b>	Р	age 5
Par	<u></u>			_
	Check if Schedule O contains a response or note to any line in this Part V			$\perp$
		11 6 32	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1s. Enter -0- if not applicable		**	
Ь	Litter the flumber of Forms W-2d included in line 1a. Litter of it not applicable	7.7	Ž	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.,1	DX.	* <b>* *</b>
_	(gambling) winnings to prize winners?	1c	146	2 70 M 1
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 2a 101		No appropries	
_			X	<u> </u>
Ь	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)		Х	<u>*8</u> * 2
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			**
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		4	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-50		_
Ga	any contributions that were not tax deductible as charitable contributions?	6a		Х
h	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).	. 3	,	₹} 
а	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?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	, ,	» »	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	XXXx	8885 Y
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	% ,	
	sponsoring organization have excess business holdings at any time during the year?	8	*	
9	Sponsoring organizations maintaining donor advised funds.	<i>:3</i> *	138	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	8.	₩ · ¬
10	Section 501(c)(7) organizations. Enter		S. 3	
a	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			
11 11			1.51	
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders		1	
a	Gross income from other sources (Do not net amounts due or paid to other sources against	\$2 . \$		\$ 1
U	amounts due or received from them.)	(%)		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
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			
ь	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			
С	Enter the amount of reserves on hand		L_	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

58-6045874 PLANNED PARENTHOOD SOUTHEAST, INC. Form 990 (2015) 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 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. 31 b Enter the number of voting members included in line 1a, above, who are independent 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? 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? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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 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 Х 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA 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. X Upon request Other (explain in Schedule O) Own website \_\_\_\_ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

ATLANTA.

30303

statements available to the public during the tax year

SARA WOODSON - (404) 567-8285

241 PEACHTREE STREET N.E., SUITE 400,

# Part VIII 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 r	or any related	d organization compensate						ed any current officer, director, or trustee.					
(A)	(B)	(C)						(D)	(E)	(F)			
Name and Title	Average	///			ition	) than (	nne	Reportable	Reportable	Estimated			
	hours per	ю́ох	unle	ss per	rson i	s both	an	compensation	compensation	amount of			
	week		cer an	dad	recto	r/trus	tee)	from	from related	other			
	(list any	ector			}	1		the	organizations	compensation			
	hours for	or dir	g,			ated	ĺ	organization	(W-2/1099-MISC)	from the			
	related	stee	trust		9	E S		(W-2/1099-MISC)		organization			
	organizations below	ual tru	ional		ploye	t com				and related organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) MELINDA COOPER HOLLADAY	1.00	<u> </u>	=	0	<u> </u>	Ξ 4	╚		·				
CHAIR		X		X				<u> </u>	0.	0.			
(2) LYNN FOWLER	1.00												
VICE CHAIR		X		X		L	L.	0.	0.	0.			
(3) KAY COOPER	1.00				ł	1							
TREASURER		X		X	_	L	<u> </u>	0.	0.	0.			
(4) MAX MICHEAL	2.00							_	_	_			
SECRETARY	<del> </del>	X	_	X	_	_	<u> </u>	0.	0.	0.			
(5) ELAINE ALEXANDER	1.00			l	}	l	ļ						
DIRECTOR	<u> </u>	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.			
(6) SUSAN APOLINSKY	1.00				ļ	ļ		_					
DIRECTOR	1-00	X		_	<u> </u>	<b>Ļ</b>	┡	0.	0.	0.			
(7) DEBBIE AUSTIN	1.00				ļ			1					
DIRECTOR (8) LEESA BOOTH	1 00	X	<u> </u>		_	⊢	├—	0.	0.	0.			
(8) LEESA BOOTH DIRECTOR	1.00	X	<b>'</b>		l				0.	_			
(9) CAROL BURNETT	1.00	<u> </u>	H	-	$\vdash$	<del> </del> —	├-		l	0.			
DIRECTOR	1.00	x			l			0.	٥.				
(10) JC BURTON	1.00	_	_	_	├	╁	├─		0.	0.			
DIRECTOR	1.00	x			ļ			0.	0.	0.			
(11) SONJI JACOBS DADE	1.00	Ĥ	-				-	<u></u>	·	<u>-</u>			
DIRECTOR	1 - 1 - 1	x	·					٥.	0.	0.			
(12) PERSHARON DIXON	1.00			Г	T		$\vdash$						
DIRECTOR		х			l			0.	0.	0.			
(13) MARI HAYES	1.00												
DIRECTOR		Х						0.	0.	0.			
(14) ELEANOR HENDERSON	1.00												
DIRECTOR		X			<u>L</u>			0.	0.	0.			
(15) KENNETH HOLLEY	1.00												
DIRECTOR		Х	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.			
(16) CARDEN JOHNSTON	1.00			Ì				_		_			
DIRECTOR	<del></del>	Х	<u> </u>	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	<u> </u>	0.	0.	0.			
(17) ROBERT KLENSIN	1.00			l	]					_			
DIRECTOR		X					L	0.	0.	0.			

Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	1 Hi	ghes	it C	ompensated Employee	s (continued)		
(A)	(B)	(C)						(D)	(E)		
Name and title	Average			Pos				Reportable	Reportable	1	Estimated
	hours per	box	not c unle	ss per	son i	s both	n an	compensation	compensatio	n	amount of
	week	_	ceran	d a di	recto	r/trus	tee)	from	from related	ſ	other
	(list any	ector				l	1	the	organizations		compensation
	hours for related	9 10	, e		ł	ased		organization	(W-2/1099-MIS	(C)	from the
	organizations	ustee	trust		, ,	bens	1	(W-2/1099-MISC)			organization
	below	la T	lonal		e d	e de			,		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ĺ	organizations
(18) MATT KRIEDER	1.00	┍	=	٦	Ť	1 0	٣			-	
DIRECTOR		х		1	ĺ	1	ĺ	0.	!	0.	0.
(19) STEPHANIE KUPOR	1.00			Н		T		<del>                                     </del>		-	
DIRECTOR		X			ŀ	ł	l	0.		0.	0.
(20) JANET LEFKOWITZ	1.00				<u> </u>	┢	┢	<del>                                     </del>		<del>- • •  </del>	
DIRECTOR		x			ļ	ļ	]	0.		0.	0.
(21) MARA LEVITT	1.00					1				**	
DIRECTOR		x					1	0.		0.	0.
(22) JENNIFER LYMAN	1.00	<del></del> -				Г	Т	<del>                                     </del>		-	
DIRECTOR		x				1		0.		0.	0.
(23) MERRITT MCALISTER	1.00	-		П			$\vdash$	<del> </del>			
DIRECTOR	<del></del>	x						0.		0.	0.
(24) DAVE NELSON	1.00	_			$\vdash$		Г	† <del></del>			
DIRECTOR		x						0.		0.	0.
(25) JOHN PADDOCK	1.00							† <del></del>			
DIRECTOR		х			i	ľ	l	0.		0.1	0.
(26) MARY POWERS	1.00		"								
DIRECTOR		X					ł	0.		0.	0.
1b Sub-total							▶	0.		0.	0.
c Total from continuation sheets to Part VII	, Section A						<b></b>	341,787.	i	0.	15,768.
d Total (add lines 1b and 1c)	_						<b></b>	341,787.		0.	15,768.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		
compensation from the organization								<u></u>			<u>1</u>
											Yes No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	olqn	yee,	or	highest compensated er	nployee on	ı	\$4 1 N
line 1a? If "Yes," complete Schedule J for st	uch individual									1	3 X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	Į	
and related organizations greater than \$150	),000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		1	4 X
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om.	any	unre	elate	ed organization or individ	dual for services	J	
rendered to the organization? If "Yes." com	plete Schedule	e <i>J f</i> e	or su	ich r	oers	on		<del> </del>			5 X
Section B. Independent Contractors	_ <del></del>										
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from
the organization Report compensation for t	the calendar ye	ear e	endır	ng w	ith c	or wi	thın	the organization's tax y	ear		
(A)							1	(B)		_	(C)
Name and business	address			_			$\dashv$	Description of s	ervices		ompensation
EVA MARTIN			~-	٦.	1 ^	22		DIRIGICATAN	l		102 655
625 STILLWOOD DRIVE, EAST DUBLIN, GA 31027 PHYSICIAN									103,675.		
							- {				
							$\dashv$	<u> </u>			
							ļ		l		
							$\dashv$		<del></del>		
							$\dashv$	<del></del>	<del></del>		
2 Total number of independent contractors (in	actuding but s	ot lin	niter	1 10 1	thor	e lic		above) who received me	re than		

Form 990 (2015)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 146,920 1a 1 a Federated campaigns 1b **b** Membership dues 229,272 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 1f 5,716,895 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 087 Total. Add lines 1a-1f Business Code 621990 2,616,368. 2 a CLINIC FEES f All other program service revenue 2,616,368. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,384. 19,384 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis <u>4,500</u> and sales expenses <4,500.> c Gain or (loss) 500 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ \_\_\_\_ of contributions reported on line 1c). See 77,961 Part IV, line 18 Other 77,961 b Less direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 1,749. 30,000. 31,749. 900099 11 a MISCELLANEOUS d All other revenue 31,749. Total. Add lines 11a-11d 8,756,088.2,618,117. 30,000. 14,884. Total revenue. See instructions.

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations	<del></del>		·	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1. (* 1. 20.0 d.)	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	individuals See Part IV, lines 15 and 16	. <u> </u>			7.5 k.5 k.5 k.5 k.5 k.5 k.5 k.5 k.5 k.5 k
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above, to disqualified	·		<del></del> +	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,710,799.	1,887,200.	588,614.	234,985.
8	Pension plan accruals and contributions (include	_,,,,,,,,	_,,,		
•	section 401(k) and 403(b) employer contributions)	22,107.	11,186.	6,146.	4,775.
9	Other employee benefits	186,169.		26,697.	12,004.
10	Payroll taxes	231,699.	166,026.	46,311.	19,362.
11	Fees for services (non-employees)				<u> </u>
а	Management				
b	Legal	34,959.	643.	34,316.	
С	Accounting	27,760.		27,760.	-
d	Lobbying	47,500.	47,500.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			ł	
	column (A) amount, list line 11g expenses on Sch O.)	893,604.	787,069.	105,050.	1,485. 5,246.
12	Advertising and promotion	74,659.	45,572.	23,841.	5,246.
13	Office expenses	92,393.	89,141.	1,095.	2,157.
14	Information technology	200,466.	173,307.	13,151.	14,008.
15	Royalties	604 424	546 456	06 110	00.056
16	Occupancy	601,431.	546,456.	26,119.	28,856.
17	Travel		<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	214,518.	166,735.	28,943.	18,840.
19	Conferences, conventions, and meetings	8,551.	7,051.	20,943.	1,500.
20	Interest	0,331•	1,031.		1,500.
21 22	Payments to affiliates  Depreciation, depletion, and amortization	269,908.	263,127.	5,907.	874.
23	Insurance	106,968.	99,936.	4,448.	2,584.
24	Other expenses, Itemize expenses not covered				= , 0 0 1 .
7	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.)				
а	SUPPLIES	793,543.	780,797.	11,750.	996.
b	IT MAINTENANCE AND REPA	122,148.	113,972.	6,584.	1,592.
c	MEMBER DUES TO NATIONAL	63,085.		63,085.	
d	77-74	50,253.	15,091.	33,241.	1,921.
	All other expenses	141,806.	86,691.	40,237.	14,878.
25	Total functional expenses. Add lines 1 through 24e	6,894,326.	5,434,968.	1,093,295.	366,063.
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 ff following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X. Balance Sheet

[F.a.	τ <u>Χ</u> ,»	Balance Sheet			<del></del>
		Check if Schedule O contains a response or note to any line in this Part X	143		<u> </u>
			(A) Beginning of year		(B) End of year
_		Cook and attended house	1,987,230.	1	2,836,812.
	1	Cash - non-interest-bearing	1,301,430.	2	2,030,012.
	2	Savings and temporary cash investments	276,197.		269,335.
	3	Pledges and grants receivable, net	99,363.	3	655,133.
	4	Accounts receivable, net	39,303.	4	V 3 2000 AAAA V C V AA A A A
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	2753888 38 S		<u> </u>
		Part II of Schedule L	\$ 200 m	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	2 - 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	6	X 392 02 3 3X 3 33 3
ets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L	<del></del>	7	<u> </u>
Assets	7	Notes and loans receivable, net	146,093.	8	115,280.
•	8	Inventories for sale or use	4,414.	9	7,803.
	9	Prepaid expenses and deferred charges  Land, buildings, and equipment cost or other	3,313.	<u> </u>	7,003.
	iva	basis Complete Part VI of Schedule D 10a 5,314,718.			
	<b>L</b>	Less accumulated depreciation 10b 1,706,840	1,682,130.	10c	3,607,878.
	11	Investments - publicly traded securities	845,882.	111	853,226.
	12	Investments - other securities. See Part IV, line 11	- 01370021	12	333,2201
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	7,100.	15	23,835.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,048,409.	16	8,369,302.
_	17	Accounts payable and accrued expenses	669,358.	17	330,968.
	18	Grants payable		18	
	19	Deferred revenue	1,092,659.	19	2,919,567.
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,		. 13	
Ë		key employees, highest compensated employees, and disqualified persons.		1	
Liabilities		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties	154,823.	23	133,750.
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	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		25	
	26	Total liabilities. Add lines 17 through 25	1,916,840.	26	3,384,285.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and		36.	3,304,203.
S		complete lines 27 through 29, and lines 33 and 34.			2 600 065
Š	27	Unrestricted net assets	1,685,861.	27	3,680,865.
3ak	28	Temporarily restricted net assets	945,708.	28	804,152.
ğ	29	Permanently restricted net assets	500,000.	29	500,000.
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.		<del></del>	
ets	30	Capital stock or trust principal, or current funds		30	<del></del>
Ass	31	Paid in or capital surplus, or land, building, or equipment fund	<u> </u>	31	<del> </del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2 121 560	32	4 005 017
~	33	Total net assets or fund balances	3,131,569. 5,048,409.	33	4,985,017. 8,369,302.
	34	Total liabilities and net assets/fund balances	1 3,040,403.	34	Form <b>990</b> (2015)

Form	990 (2015) PLANNED PARENTHOOD SOUTHEAST, INC.	<u> 58-604:</u>	2874	Pag	<u>e</u> 12
	t 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)		<u>8,756</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		6,894		
3	Revenue less expenses. Subtract line 2 from line 1		1,86		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>3,13:</u>		
5	Net unrealized gains (losses) on investments	5		<u>, 314</u>	<u>. &gt; </u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,98	<u>5,01</u>	<u>.7 • </u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		32		, \$ 1 _ \$ 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of	)	<b>1</b> 3	\$ 8 8°.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	£ Nex	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		<b>3</b> 9.	
	separate basis, consolidated basis, or both		, 1		
	Separate basis Consolidated basis Both consolidated and separate basis			×	
b	Were the organization's financial statements audited by an independent accountant?		2b	A	$\overline{}$
	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				i
_	Separate basis X Consolidated basis Both consolidated and separate basis	a			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schei	duto O			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			. 6	n Ú
Ja	Act and OMB Circular A-133?	jie Addit	3a	/ A44.	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	<del>     </del>		<u></u>
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	The state of the s	-	نتتب	990 (2	2015)

	) PARENTHO	OL	<u> </u>	<u> </u>	<u>T.H</u>	<u>KA</u>	ST	, INC.	58-604	20/4
Part VII Section A. Officers, Directors	Trustees, Key En	nplo	yee:	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	_
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average				rtion			Reportable	Reportable	Estimated
Tamb and the	hours	(ct			that		ly)	compensation	compensation	amount of
	per	Ť					,,	from	from related	other
	week					a A		the	organizations	compensation
	(list any	ctor				윤		organization	(W-2/1099-MISC)	from the
	hours for	ig ig				e pet		(W-2/1099-MISC)		organization
	related	stee	ruste		_	ensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	Mdu	llutic	Officer	E I	hest	Former			
	line)	를	su	Œ	<u>ā</u>	Ŧ	Ē			
(27) KIMBERLY ROBINSON	1.00						l			_
DIRECTOR		Х						0.	0.	0.
(28) TINA SIMPSON	1.00									
DIRECTOR	<u> </u>	X						0.	0.	0.
(29) JOANIE SHUBIN	1.00									
DIRECTOR		х						0.	0.	0.
(30) CHARLES TAYLOR	1.00	T_	$\Box$				Ι			
DIRECTOR		x						0.	0.	0.
(31) ANITA WALLACE THOMAS	1.00			_						
DIRECTOR	1.00	x						0.	0.	0.
(32) STACI FOX	40.00		$\vdash$							
CEO/PRESIDENT	40.00	ł		Х				130,063.	0.	8,640
(33) SARA WOODSON	40.00		-	<u> </u>	$\vdash$		_	130,003.	<u> </u>	0,010
	40.00	ł		х				96,802.	0.	3 751
CFO	40.00	├-	H	^	$\vdash$		┝	30,002.		3,754.
(34) DR. HEDWIGE SAINT LOUIS	40.00	ł		x				05 040	0.	3,374
CMO	10.00	$\vdash$		^	├	├	⊢	95,048.	U .	3,3/4
(35) MIMI ZIEMAN	40.00	ł		۱.,	i I			10 074	_	_
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								241 707		15 760
Total to Part VII, Section A, line 1c								341,787.		15,768

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD SOUTHEAST, INC.

Employer identification number 58-6045874

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions											
The orga	nization is not a private found											
1 🗂	A church, convention of ch	,	<del>-</del> .	•	-	YAYi).						
2	A school described in sect											
3	A hospital or a cooperative		· ·			i <b>)</b> .						
4	A medical research organiz					•	the hospital's name.					
	city, and state		,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,					
5 「	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in					
د	section 170(b)(1)(A)(iv). (0		loge of differently office	or operat	oo by a go	v commontar anni a document	, <b>u</b> ,,,					
6	A federal, state, or local go		nental unit described in	section 17	70/67/47/47	/v/)						
7 X	1						nublic decembed in					
/ [43_												
• [	section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
* <u>}-</u> -	•	• •										
9	An organization that norma	•	-									
	activities related to its exen	-	•				_					
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acquii	red by the organization a	itter June 30, 1975.					
	See <b>section 509(a)(2).</b> (Col	•										
10	An organization organized a	-	•	•								
11	An organization organized a	•	•	•		•						
	more publicly supported or	="					Check the box in					
_	lines 11a through 11d that	• • • • • • • • • • • • • • • • • • • •	., .		-							
a L	Type I. A supporting orga	•			-		-					
	the supported organization			majority o	of the direc	tors or trustees of the su	ipporting					
_	organization You must o	•										
b	Type II. A supporting org	anızatıon supervised	or controlled in connect	tion with it	s supporte	d organization(s), by hav	ring					
	control or management o	f the supporting orga	anization vested in the s	ame perso	ns that cor	ntrol or manage the supp	ported					
_	organization(s) You mus	t complete Part IV,	Sections A and C.									
c L	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	d with,					
_	its supported organization	n(s) (see instructions	You must complete t	Part IV, Se	ections A,	D, and E.						
d L	Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its supported organiz	ation(s)					
	that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an attentiv	/eness					
_	requirement (see instruct	ions). <b>You must co</b> r	nplete Part IV, Sections	s A and D,	and Part	V.						
e L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III						
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organız	ation		<del></del>					
f En	ter the number of supported o	organizations										
<u>g</u> _Pr	ovide the following information											
	(i) Name of supported	(ii) EIN	(iii) Type of organization		rganization in your	(v) Amount of monetary	(vi) Amount of					
	organization		(described on lines 1-9 above (see instructions))		document?	support (see instructions)	other support (see instructions)					
				Yes	No	instructions)	iristructions)					
				<u> </u>		L						
			Į.									
					L							
Total												

(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)

Section A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		:				
	ınclude any "unusual grants ")	4456454.	4829271.	2196334.	2945263.	<u>6093087.</u>	20520409.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						İ
	furnished by a governmental unit to	i i					
	the organization without charge						
4	Total. Add lines 1 through 3	4456454.	4829271.	2196334.	2945263.	6093087.	20520409.
5	The portion of total contributions		-2.3		-2-2	- 48	
	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)	(1883)	<u> </u>	<b>*</b> ***********************************	1. A. C. C. C. C. C. C. C. C. C. C. C. C. C.		921,698.
	Public support. Subtract line 5 from line 4	3	<u> </u>			<i>₩</i>	<u> 19598711.</u>
	tion B. Total Support	<del> </del>	_	_			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 4	4456454.	4829271.	2196334.	2945263.	6093087.	20520409.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	22 227	25 060	22 017	15 712	10 204	114 000
	and income from similar sources	22,807.	35,068.	22,017.	15,713.	19,384.	114,989.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					-	
10	Other income Do not include gain						
	or loss from the sale of capital	15,586.	740.	9,135.	44,961.	1,749.	72,171.
	assets (Explain in Part VI.)	100007 N 20100 N	740.	9,133.			20707569.
	, o .	ata (asa mata sata		446	s 300		,235,464.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to	y vear as a section		,200,2021
13	organization, check this box and sto	=	s ilist, second, triil	u, lourill, or mai ta	ix year as a section	1301(0)(3)	▶[~]
Sec	ction C. Computation of Publi	c Support Per	centage			** -	
_	Public support percentage for 2015 (			olumn (f))		14	94.65 %
	Public support percentage from 2014			5.G ( <i>.,,</i>		15	91.88 %
	33 1/3% support test - 2015. If the			n line 13, and line	14 ıs 33 1/3% or m		
	• •	_				·	►X
ь	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
-	and stop here. The organization qualifies as a publicly supported organization						
17a	'a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances test	•	•		=	7a, and line 15 is	10% or
_	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization						s
						edule A (Form 990	

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not	1					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						<del></del> -
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ļ	1	]		
	or expended on its behalf						_
5	The value of services or facilities						
	furnished by a governmental unit to			ļ	,		
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			Í			
	amount on line 13 for the year						
c	Add lines 7a and 7b		<u></u>				
	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support		<del></del>			<u> </u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	·	İ	1			
	and income from similar sources		<u> </u>	ļ			
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	<b>[</b>		[	[	1	
	acquired after June 30, 1975	<u> </u>					
	Add lines 10a and 10b	ļ					
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is			1			
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital		1	ļ			
	assets (Explain in Part VI)	<del></del>	<u> </u>				
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	<u> </u>	L		<del></del>
14	First five years. If the Form 990 is fo	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	1 501(c)(3) Organiza	tion,
804	check this box and stop here	o Cupport Do	contono				
	ction C. Computation of Publi			-1 (0)		de l	
	Public support percentage for 2015 (		•	olumn (i))		15	%
	Public support percentage from 2014 ction D. Computation of Investigation					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from	•	•	.5 10, 00.01111 (1))		18	
	33 1/3% support tests - 2015. If the			on line 14, and line	15 is more than 3		
.56	more than 33 1/3%, check this box at	_					▶□
	33 1/3% support tests - 2014. If the				-		nd
-	line 18 is not more than 33 1/3%, che	-					▶□
20	Private foundation, If the organization					<del>-</del>	
		., sie net eneek a	on mile 17, 18	<u>., .,</u>	207 4.10 000 1113		<u> </u>

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

******	Yes	No
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Ŗа	TV   Supporting Organizations (continued)	<del></del> -		
		W	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		×	* **
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	,	
	below, the governing body of a supported organization?	11a		<del> </del> -
	A family member of a person described in (a) above?	11b		<del></del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.  tion B. Type I Supporting Organizations	11c		L
<u> </u>	tion b. Type I supporting Organizations	<del></del> 1	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<b>8</b> 7		No %
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		, 100 m	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<b>*</b>
	organizations and what conditions or restrictions, if any, applied to such powers during the supported	1	WAX.	~/
2	Did the organization operate for the benefit of any supported organization other than the supported	188	<b>88.</b> 3	× 2
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		West,	\$00.5 X.5560
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			<b>4</b> %
	the supported organization(s).	1 1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		· 3/2	X
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			<b>%</b>
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<del>**</del>	588	لعبا
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	489	<b>2</b> -38
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		Š,	78. 5. 1.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		<u>(*)</u>
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity  Describe in Part VI how you supported a government entity (see ins	tructions)		
2	Activities Test Answer (a) and (b) below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			<b>%</b>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a_		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1 1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	)		
	reasons for the organization's position that its supported organization(s) would have engaged in these			L
	activities but for the organization's involvement	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>		<b> </b>
	trustees of each of the supported organizations? Provide details in Part VI	3a_		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b></b> _		<u> </u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

	dule A (Form 990 or 990-EZ) 2015 PLANNED PARENTHOOD SOUT			8-6045874 Page 6				
Pal	Type III Non-Functionally Integrated 509(a)(3) Supporting							
1	,							
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	<del></del>				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recovenes of prior-year distributions	2						
_3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4		<u></u>				
_5_	Depreciation and depletion	5	' 					
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
_7_	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<u> </u>	<u> </u>				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
•	instructions for short tax year or assets held for part of year)							
a	Average monthly value of securities	1a						
	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other							
	factors (explain in detail in Part VI)	J.						
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1				
6	Multiply line 5 by 035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1 M & 1 M 1 W					
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
-	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functional	lly-ıntegra	ited Type III supporting orga	nization (see				
	instructions)			·				

ched	ule A (Form 990 or 990-EZ) 2015 PLANNED PARENT	HOOD SOUTHEAST	, INC. 58	3-6045874 Page 7
Parl	V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Organ	izations (continued)	Current Voes
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		<del></del>
	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (pnor IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount	<del></del>		
		(i)	(ii)	(iii) Distributable
	The state of the s	Excess Distributions	Underdistributions Pre-2015	Amount for 2015
Secti	on E - Distribution Allocations (see instructions)			
1_	Distributable amount for 2015 from Section C, line 6			8.2 ( 8% )2/ %a
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)		## 1877 1877 1877 1877 1877 1877 1877 18	
3_	Excess distributions carryover, if any, to 2015			
а		% <b>(4.</b>		
b				
c			**	
d	From 2013	a' ki' v . ki' 🛦		
_	From 2014			/200 AA
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		A	
h	Applied to 2015 distributable amount			*
ī	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	200		
4	Distributions for 2015 from Section D,			
	line 7 \$			70 80 90
a	Applied to underdistributions of prior years		4 000 55. 900	
ь	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4	V000 V000		
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	* * * /	/ x % (,,%% , , , , , , , , , , , , , , , ,	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).	¥	* * *	,
7	Excess distributions carryover to 2016. Add lines 3j		\	, `
•	and 4c			
8	Breakdown of line 7			
a				
b				
	Excess from 2013			
	Excess from 2014	1		

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015	PLANNED	PARENTHOOI	SOUTHEAST	r, inc.	58-6045874 Pag	e <b>8</b>
Part VI	Supplemental Information Part IV, Section A, lines 1,	<b>nation.</b> Provi 2, 3b, 3c, 4b, 4 ines 2 and 3, Pa	de the explanations c, 5a, 6, 9a, 9b, 9c, irt IV, Section E, line	required by Part II, Iii 11a, 11b, and 11c, F s 1c, 2a, 2b, 3a and	ne 10, Part II, line 17a Part IV, Section B, lines 3b, Part V, line 1, Part	or 17b; Part III, line 12, s 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,	
	Tees menseller is						
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#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

2015
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III			
Nan	ne of organization			Emp	oyer identification number
	PLANNED	PARENTHOOD SOUTH	HEAST, INC.		58-6045874
Pa	art I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politica	il campaign activities		
Pέ	int I-B Complete if the org	anization is exempt unde	r section 501(c)(	(3).	
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	<b>▶</b> \$	
	If the organization incurred a section	, ,			Yes No
	a Was a correction made?		•		Yes No
t	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	er section 501(c),	except section 501(c	)(3).
1	Enter the amount directly expended	by the filing organization for sec	tion 527 exempt func	tion activities	
2	Enter the amount of the filing organ	zation's funds contributed to oth	er organizations for s	ection 527	
	exempt function activities			▶ \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	ч	
	line 17b			▶ \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and em	, ,	•	•	
	made payments. For each organization contributions received that were pro-	·			•
	political action committee (PAC). If	• •	• •	•	e Segregated fulld or a
	<u> </u>	<del></del>	T		T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
					<del></del>
				<u> </u>	
			<del> </del>		
					1

Schedule C (Form 990 or 990-EZ) 2015 Part II A Complete if the org	PLANNED PAR anization is exen	ENTHOOD SOUT	THEAST, INC. 501(c)(3) and file	58-6 d Form 5768 (ele	045874 Page 2		
expenses, and shar	e of excess lobbying e	expenditures).		group member's name	e, address, EIN,		
Limi	Check If the filing organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)						
Total lobbying expenditures to influ     Total lobbying expenditures to influ	0. 47,500.						
<ul><li>c Total lobbying expenditures (add li</li><li>d Other exempt purpose expenditure</li></ul>	•			47,500. 6,846,826.			
e Total exempt purpose expenditure f Lobbying nontaxable amount Ente	•	•	columns.	6,894,326. 494,716.			
Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,5	If the amount on line 1e, column (a) or (b) is:         The lobbying nontaxable amount is:           Not over \$500,000         20% of the amount on line 1e.           Over \$500,000 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000           Over \$1,000,000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.           Over \$1,500,000 but not over \$17,000,000         \$225,000 plus 5% of the excess over \$1,500,000.						
g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c If zero	o or less, enter -0- o or less, enter -0-			123,679. 0. 0.			
i If there is an amount other than ze reporting section 4911 tax for this		ine 1, did the organiza	tion file Form 4720		Yes No		
(Some organizations the	nat made a section 50	eraging Period Under D1(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	elow.		
	Lobbying Exper	nditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d</b> ) 2015	(e) Total		
2a Lobbying nontaxable amount	506,883.	500,640.	500,617.	494,716.	2,002,856.		
b Lobbying ceiling amount (150% of line 2a, column(e))					3,004,284.		
c Total lobbying expenditures	78,603.	48,052.	36,124.	47,500.	210,279.		
d Grassroots nontaxable amount	126,721.	125,160.	125,154.	123,679.	500,714.		
e Grassroots ceiling amount (150% of line 2d, column (e))					751,071.		
f Grassroots lobbying expenditures	33,103.	1,215.	100.		34,418.		

Schedule C (Form 990 or 990-EZ) 2015

58-6045874 Page 3 Schedule C (Form 990 or 990-EZ) 2015 PLANNED PARENTHOOD SOUTHEAST Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (b) of the lobbying activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Nο Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	
5_	Taxable amount of lobbying and political expenditures (see instructions)	5	
ar	t IV Supplemental Information		
ov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-	A, lines 1 and 2 (see	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PLANNED PARENTHOOD SOUTHEAST, INC.

**Employer identification number** 58-6045874

Par	t Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6		_
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used o	nly
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	confer	ng
	impermissible private benefit?			Yes No.
Par	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV,	, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically	/ important land area
	Protection of natural habitat	Preservation of a cer	tified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a co	nservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi	ıre	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organ	zation during the tax
	year >			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	: holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servatio	on easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)( <b>4)(</b> B)	on
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the org	anization's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections of		ther S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent an	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furthera	nce of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic ser	vice, provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	ıl gain,	provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
ь	Assets included in Form 990, Part X			. • \$

	rtill Organizations Maintaining Co		SOUTHEAS			0458/4 Page 2
3	Using the organization's acquisition, accession	i, and other record	s, check any or the t	rollowing that are a	a significant use of its	conection items
	(check all that apply)		. <del></del>			
a	Public exhibition	d		hange programs		
b	Scholarly research	е	Other		<del></del>	
C	Preservation for future generations					
4	Provide a description of the organization's coll					rt XIII.
5	During the year, did the organization solicit or				ilar assets	¬,, ,
·Dai	to be sold to raise funds rather than to be main to IV Escrow and Custodial Arrang					Yes No
:r <u>,</u> ai	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the organizatio	n answered "Yes"	on rom 990, Part IV	r, line 9, or
10	Is the organization an agent, trustee, custodia		ion, for contribution	e or other assets n	oot included	
18	on Form 990, Part X?	1 of other intermed	lary for contributions	s or other assets in		Yes No
	If "Yes," explain the arrangement in Part XIII a	ad complete the fel	louwa tabla		L	Tes NO
D	ii res, explain the arrangement in Fart Alli al	id complete the for	lowing table			Amount
_	Beginning balance				1c	Amount
d					1d	
u	Distributions during the year				1e	
•	Ending balance				1f	
) 2a	Did the organization include an amount on For	m 990 Part X line	21 for escrow or cu	istodial account lia	<del></del>	Yes No
	If "Yes," explain the arrangement in Part XIII. O					
	Endowment Funds. Complete if					
_ ^A A		(a) Current year	(b) Prior year	(c) Two years bac		k (e) Four years back
1a	Beginning of year balance	500,000.	500,000.	500,000		
	Contributions	<u> </u>	<u> </u>		<u> </u>	<del></del>
	Net investment earnings, gains, and losses	<del>-</del>				
	Grants or scholarships					
	Other expenditures for facilities					<del></del>
_	and programs					
f	Administrative expenses					
9	End of year balance	500,000.	500,000.	500,000	500,000	500,000.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a)	)) held as		
а		•	%			
b	Permanent endowment ▶ _100.00	%	<del></del>			
С	Temporarily restricted endowment	%				
	The percentages on lines 2a, 2b, and 2c should	d equal 100%				
За	Are there endowment funds not in the possess	sion of the organiza	ition that are held ar	nd administered fo	r the organization	
	by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Schedule R?			3b
4	Describe in Part XIII the intended uses of the c		wment funds			
Pai	rt·VI  Land, Buildings, and Equipme	ent.				
	Complete if the organization answered	<del></del>				
	Description of property	(a) Cost or o	1 ' '		) Accumulated	(d) Book value
_		basis (investr		(other)	depreciation	122 000
	Land			3,099.	256 600	133,099.
	Buildings	<del> </del>	1,84	9,587.	756,688.	1,092,899.
	Leasehold improvements	ļ	1 10	6 042	050 150	226 800
	Equipment	ļ		6,942.	950,152.	236,790.
	Other			5,090.		2,145,090. 3,607,878.
ıota	<ol> <li>Add lines 1a through 1e (Column (d) must ea</li> </ol>	uai Form 990. Part	x. column (B)line 1	UC.L		٠٥١٥,١٥٥, د

Schedule D		ENTHOOD SOU	THEAS	ST, INC	•	5	8-6045874	Page 3
Part VII	Investments - Other Securities.			_				
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b	See Form 99	0, Part	X, line 12.		
(a) Descrip	otion of security or category (including name of security)	(b) Book value		(c) Method o	f valua	tion Cost or ei	nd-of-year market	value
(1) Financi	al derivatives							
(2) Closely	-held equity interests							
(3) Other	<u></u>							
(A)		ļ	_					
(B)								
(C)								
(D)		<u> </u>						
(E)								
(F)								
(G)								
(H)		<del> </del>		:	×25-35	8.4 X. We	7 40% ( 9 Xo -	YOUTH WE I
	(b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		* <b>%</b> -	78. R.			Sec. A.
Fart VIII	Investments - Program Related.	E 000 D 1 D 1						
	Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	line 11c.				nd-of-year market	value
	(a) Description of investment	(b) Book value	<del></del>	(c) Method C	valua	tion Cost or el	nu-or-year market	value
(1)			<del> </del> -					
(2)			$\dashv$					
<u>(3)</u> (4)		<del> </del>	<del></del>	<del></del>				
(5)		<del></del>				<del></del>	<del></del>	
(6)								
(7)	<del></del>	<del>                                     </del>						
(8)			_		_			
(9)			+					
	(b) must equal Form 990, Part X, col. (B) line 13.)	<del> </del>	<u>.</u>		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		W. W. This	
Part IX	Other Assets.	<u> </u>	3,00	3	<u>, j.</u>			2000
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d	See Form 99	0, Part	X, line 15.		
		Description					(b) Book v	alue
(1)								
(2)								_
(3)								
(4)								
(5)								
(6)								
(7)							<u> </u>	
(8)					_			
(9)								
	ımn (b) must equal Form 990. Part X. col. (B) lin	e 15.)					<u>-                                     </u>	
Part X	Other Liabilities.							
	Complete if the organization answered "Yes"	on Form 990, Part IV,			orm 990	), Part X, line 2	5	
1	(a) Description of liability		(b) E	Book value	4			
	deral income taxes				4			
(2)					_			
(3)	<del></del>				4			
(4)					4			
(5)								
<u>(6)</u>								
		+		<u> </u>				
(8)		<del>+</del>	<del></del>	<del></del>	$\dashv$			
(9)					$\dashv$			
	umn (b) must equal Form 990. Part X. col. (B) lin		to to the	Organization 1	. 6ac-	val atatament	that reports the	
	y for uncertain tax positions. In Part XIII, provide			•			•	VIII [
organiz	ration's liability for uncertain tax positions under	<u>r i in 40 (ASC /40). Ch</u>	eck nere	ii tile text of	u 100	mote nas beer	<u>i provided in Part.</u>	AIII

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 PLANNED PARENTHOOD SOUTHEA	ST, I	NC	58-60458	874 Page	4
Par	Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·		<del>, , ,</del>		_
1	Total revenue, gains, and other support per audited financial statements		••	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains (losses) on investments	2a				
ь	Donated services and use of facilities	2b		1 <u>%</u> 1		
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d		<del></del>		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1		*		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		1		
ь	Other (Describe in Part XIII )	_4b [		1		
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)  †XII: Reconciliation of Expenses per Audited Financial Statement	ente Wit	h Evnenses ner	5 Deturn		_
Га			iii Exhelises hel i	neturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			T 4 T		_
1	Total expenses and losses per audited financial statements			1		-
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ۔م ا				
a	Donated services and use of facilities	2a		<b>-</b>  ```		
þ	Prior year adjustments	2b	<del></del>			
c	Other (Occupies of Cont.)	2c	<del></del>	-{}		
d	Other (Describe in Part XIII )	_2d	<del></del>	<del> </del> *		
e	Add lines 2a through 2d		*-	2e		-
3	Subtract line 2e from line 1		••	3		-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	الما				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	<b>- </b>		
b	Other (Describe in Part XIII )	_4b		1 4 -		
_	Add lines 4a and 4b			4c		-
Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  ↑ XIII   Supplemental Information.		<del></del>	1 3 1		-
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1	h and 2h Part V line 4	1 Part X line 2	Part XI	_
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		· · · · ·	+, r art A, iii le 2,	ran Ai,	
103	20 and 45, and 1 art Air, intes 20 and 45. Also complete this part to provide any add	ntional ime	manon,			
			<del></del>			_
PAI	RT X, LINE 2:					
						_
PPS	SE AND ITS COMPONENT CORPORATIONS ARE CLASS	SIFIE	AS PUBLICE	Y SUPPOR	₹TED	_
<u>TAX</u>	K-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)	<u>)(3)                                   </u>	AND 501(C)(4	) OF THE	<u></u>	_
<u>IN'</u>	TERNAL REVENUE CODE. ONLY UNRELATED BUSINES	SS INC	COME AS DEFI	NED BY		
_						
SEC	CTION 512(A)(1) OF THE INTERNAL REVENUE COL	DE IS	SUBJECT TO	INCOME 7	PAXES.	_
					_	
THE	3 AMOUNT OF THE ORGANIZATION'S UNRELATED BU	<u>JSINES</u>	SS TAXABLE I	NCOME IS	<u> </u>	_
IM	MATERIAL TO THE FINANCIAL STATEMENTS. THE (	ORGAN!	IZATION HAD	NO UNREI	<u> ATED</u>	_
BUS	SINESS INCOME TAX LIABILITY FOR THE YEARS I	RNDED	JUNE 30, 20	16 AND 2	<u> 2015                                    </u>	_
DUI	TO THE AVAILABILITY OF NET OPERATING LOSS	S CARI	RY-FORWARDS.			
						_
<b></b>						
THI	3 ORGANIZATION HAS EVALUATED ALL TAX POSIT	LONS 1	PAKEN ON ITS	TAX RET	UKNS	_
	. DOLTOURA MILL DAGETANA					
	D BELIEVES THAT ALL POSITIONS ARE MORE LIKE	SLY-TI	HAN-NOT TO E			_
53205 09-21-	15			Schedule D (F	orm 990) 201	15

Schedule D (Form 990) 2015 PLANNED PARENTHOOD SOUTHEAST, INC. 58-6045874 Page
Part XIII Supplemental Information (continued)
JPON EXAMINATION. TAX RETURNS FILED BY THE ENTITIES ARE SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS
AFTER THE FILING DATE. CURRENTLY, THE 2014, 2013, AND 2012 TAX YEARS ARE
OPEN FOR EXAMINATION. HOWEVER, THE ORGANIZATION IS NOT CURRENTLY UNDER
AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE INTERNAL REVENUE
SERVICE.
<del></del>

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

Name of the organization PI.ANNED	PARENTHOOD SOUTHER	<b>ል</b> ያጥ.	TN	IC.		Employer ide 58-6045	ntification number 874
	Complete if the organization answe				ine 17		
Indicate whether the organization raise	ed funds through any of the following  e Solicitat  f Solicitat  g Special  r oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-ge govern using e ling of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)		(vi) Amount paid to (or retained by) organization
		Yes	No				
						·	
Total  3 List all states in which the organization	n is registered or licensed to solicit o	ontrib	<b>▶</b>	or has been notified	ıtıs	exempt from re	gistration
or licensing							
			_				
							<del></del>
=					-	<del>_</del>	

		e G (Form 990 or 990-EZ) 2015 PLANNED			IC58-	6045874 Page 2				
PE	ırtş	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.								
		german	(a) Event #1 LIVING LEGENDS GALA (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col. (c))				
Revenue	1	Gross receipts	307,233.			307,233.				
	2	Less Contributions	229,272.		· ···	229,272.				
_	3	Gross income (line 1 minus line 2)	77,961.	_	<u> </u>	77,961.				
	4	Cash prizes								
ç	5	Noncash prizes								
esued	6	Rent/facility costs	12,504.			12,504.				
Direct Expenses	7	Food and beverages	51,103.			51,103.				
Δ	8	Entertainment	494.			494.				
	9	Other direct expenses	13,860.			13,860.				
	10	Direct expense summary. Add lines 4 through	9 in column (d)			77,961.				
_	11 Net income summary. Subtract line 10 from line 3, column (d)									
Pa	irt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than					
		\$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))				
- Be	1	Gross revenue								
ses	2	Cash prizes								
Expen	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs	_							
	5	Other direct expenses				200 May 20				
	6	Volunteer labor	Yes %	Yes % No	Yes % No					
	7	Direct expense summary Add lines 2 through	5 ın column (d)		. •					
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<b>.</b>					
		ter the state(s) in which the organization condu	_			Yes No				
		No," explain								
	_									
		ere any of the organization's gaming licenses re Yes," explain		• •	ear?	Yes No				
	_		<u> </u>							
		<del></del>								

Sch	edule G (Form 990 or 990-EZ) 2015 PLANNED PARENTHOOD SOUTHEAST, INC. 5	<u>8-6045874</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<u> </u>	
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party  \$\bigs\\$		
c	lf "Yes," enter name and address of the third party		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Yes	□ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
•	organization's own exempt activities during the tax year > \$		
Ra	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III. lines 9, 9b, 10l	b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)	,,,	-, ,
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Schedule G	(Form 990 or 990-EZ)	PLANNED	PARENTHOOD	SOUTHEAST,	INC.	58-6045874 Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	rmation (contin	ued)		_	
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization

PLANNED PARENTHOOD SOUTHEAST INC. Employer identification number 58-6045874

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LIFE, EMPOWERMENT AND A CHANCE TO ESCAPE FROM THE POVERTY THAT AFFLICTS
SO MANY OF THE WORLD'S WOMEN. THE ORGANIZATION'S GOAL IS THAT WOMEN
OPTIMIZE THEIR HEALTH, MAKE HEALTHY CHOICES AND HAVE ACCESS TO QUALITY
FAMILY PLANNING SERVICES WHEN THEY NEED IT.
WE DELIVER CARE BASED ON A COMMUNITY HEALTH CENTER MODEL, WHERE CLIENTS
CAN WALK INTO OUR HEALTH CENTER WITHOUT AN APPOINTMENT AND BE SEEN AT
ANY TIME DURING OFFICE HOURS. OUR FEE SCALE REDUCES THE FINANCIAL
BARRIER TO LOW-INCOME AND UNINSURED WOMEN, ASSURING ACCESS TO WOMEN IN
NEED. CLIENTS ARE ASKED THEIR INCOME LEVEL AND FAMILY SIZE, AND THE FEE
IS DETERMINED BASED ON WHERE THEY FALL ON THE FEDERAL POVERTY LEVEL
TABLE. WE ACCEPT MEDICAID AND COMMERCIAL INSURANCE IF THE CLIENT HAS
IT. (AND IT IS IMPORTANT TO NOTE THAT EVEN OUR FULL FEE IS ONLY 65% OF
A PRIVATE PHYSICIAN'S OFFICE.)
OUR HEALTH CENTERS ALSO PROVIDE BASIC GYNECOLOGICAL CARE INCLUDING:
PHYSICAL EXAMS, BIRTH CONTROL METHODS, CANCER AND HYPERTENSION
SCREENING, SEXUALLY TRANSMITTED DISEASE TESTING AND TREATMENT, HIV
TESTING AND COUNSELING, MEDICAL REFERRAL, AND HEALTH EDUCATION AND
PROMOTION.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LEADERSHIP TRAINING PROGRAM FOR TEENS BETWEEN THE AGES OF 15 AND 18.
TAG MEMBERS ARE GIVEN EXTENSIVE TRAINING ON BOTH CONTENT AND TEACHING
TECHNIQUES, AND THEN THEY PROVIDE EDUCATION SESSIONS FOR THEIR PEERS.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2015)  990-EZ (2015)

Schedule O (Form 990 or 9	90-EZ) (2015)	Page 2
Name of the organization	PLANNED PARENTHOOD SOUTHEAST, INC.	Employer identification number 58-6045874
		<del></del>
FORM 990, PART	III, LINE 4D, OTHER PROGRAM SERVICES:	
TRAINING AND T	TECHNICAL ASSISTANCE - REPRODUCTIVE HEALTH TR	RAINING FOR
EDUCATORS, COM	MUNITY GROUPS, ETC. AND TRAINING OF AGENCY V	OLUNTEERS.
EXPENSES \$ 147	7,984. INCLUDING GRANTS OF \$ 0. REVENUE \$	3 0
FORM 990, PART	VI, SECTION B, LINE 11:	
THE COMPLETED	FORM 990 WAS SENT TO BOARD MEMBERS AS AN E-M	MAIL ATTACHMENT
WITH RECEIPT F	REQUESTED.	
	VI, SECTION B, LINE 12C:	
ANNUAL BOARD (	CONTRACT AND SURVEY.	
FORM 990, PART	VI, SECTION B, LINE 15:	
THE BOARD EXEC	CUTIVE COMMITTEE SETS CEO COMPENSATION. COMPE	NSATION OF
CEOS/PRESIDENT	TS OF OTHER PLANNED PARENTHOOD ORGANIZATIONS	AS WELL AS OTHER
ORGANIZATIONS	OF SIMILAR SIZE AND ACTIVITIES IS USED IN DE	TERMINING
COMPENSATION.	COMPENSATION FOR ORGANIZATION MANAGEMENT OTH	IER THAN THE
CEO/PRESIDENT	IS DETERMINED BY THE CEO/PRESIDENT.	
FORM 990, PART	T VI, SECTION C, LINE 19:	
PRINTED COPIES	S ARE AVAILABLE UPON REQUEST.	
FORM 990, PART	T IX, LINE 11G, OTHER FEES:	· · · · · · · · · · · · · · · · · · ·
PROFESSIONAL F	PEES:	<del>-</del>
PROGRAM SERVIC	CE EXPENSES	787,069.
MANAGEMENT ANI	GENERAL EXPENSES	105,050.
FUNDRAISING EX		1,485.
532212 09-02-15	Sche	dule O (Form 990 or 990-EZ) (2015

	ne organizati	ion			RENTH	OOD S	OUTH	EAST,	INC.			Employer ide	entification number 45874
TOTAL	EXPEN	SES											893,604.
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		893,604.
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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.

ဌ	Public tion
20	Open to

OMB No 1545-0047

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

INC

PLANNED PARENTHOOD SOUTHEAST,

Employer Identification number 58-6045874

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2015 Š × entity? Direct controlling Yes entlity 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 Direct controlling End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code ਉ section 501(C)(4) € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) GEORGIA Primary activity Primary activity POLITICAL EDUCATION For Paperwork Reduction Act Notice, see the instructions for Form 990. 58-1899303, 241 PEACHTREE STREET NE, SUITE PLANNED PARENTHOOD SOUTHEAST ADVOCATES, INC. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 400, ATLANTA, GA 30303 Part I Part II

532161 39-08-15 LHA

58-6045874 Page 2

Schedule R (Form 990) 2015 PLANNED PARENTHOOD SOUTHEAST, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

इ	General or Percentage managing ownership partner? Yes No			related	Section 512(b)(13) controlled entity?		-	 	Schedule R (Form 990) 2015
9	General or managing partner?			e or more	(h) Percentage ownership				R (Form
	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had on	(g) Share of Perend-of-year ow assets				Schedule
ε	Disproportionate allocations?			art IV, line 34 I	(f) Share of total income				
(a)	Share of end-of-year assets		:	m 990, Pa		.,			
				Yes" on For	(e) Type of entity (C corp, S corp, or trust)	'			
<b>(</b>	Share of total income			answered "					
_	Predominant income (related, unrelated, excluded from tax under sections 512-514)			e organization	(d) Direct controlling entity				ļ
	Predomir (related, excluded fr sections			mplete if th	(c) Legal domicile (state or foreign country)	<del></del>			
(q)	Direct controlling entity			poration or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related x year.	(b) Primary activity	i			
(0)	Legal domicile (state or foreign country)			s a Corpo g the tax y	Prim				
(q)	Primary activity			janizations Taxable a poration or trust durin	<b>Z</b> c				
(a)	Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or ganizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				532162 09-08-15

Schedule R (Form 990) 2015

532163 09-08-15

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Page 4

Durelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

General or Percentage managing ownership 3 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. Yes No | Olspropor | Code V-UBI | Output | Dox 20 | Mallocations | Of Schedule K-1 | Pyes | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | No | (Form 1065) | Ves | Ves | No | (Form 1065) | Ves | Ves | No | (Form 1065) | Ves | Ves | Ves | No | (Form 1065) | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves | Ves (g) Share of end-of-year assets Share of total Income Predominant income patres sectored from tax under sectored from tax under sectores 512-514) (state or foreign country) Legal domicile Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015	PLANNED	PARENTHOOD	SOUTHEAST,	INC	58-6045874 Page 5
Part VII	Supplemental Infor	mation			<del></del>	
Provide additional information for responses to questions on Schedule R (see instructions).						
						<del></del>
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			<u> </u>		<del></del> -	
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