

EXTENDED TO JULY 15, 2020

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form sections A-E: Name of organization (PLANNED PARENTHOOD SOUTHEAST, INC.), Employer identification number (58-6045874), and address (241 PEACHTREE STREET NE, SUITE 400, ATLANTA, GA 30303).

Form sections F-G: F Group exemption number and G Check organization type (501(c) corporation).

Form section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (MANAGEMENT FEES).

Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No).

Form section J: The books are in care of (SARA WOODSON) Telephone number (404) 688-9305.

Table for Part II: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 30,000.

Table for Part III: Deductions Not Taken Elsewhere. Rows 14-32. Total deductions 467,970. Unrelated business taxable income -437,970.

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67

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include 33 Total of unrelated business taxable income, 34 Amounts paid for disallowed fringes, 35 Deduction for net operating loss, 36 Total of unrelated business taxable income before specific deduction, 37 Specific deduction, and 38 Unrelated business taxable income.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include 39 Organizations Taxable as Corporations, 40 Trusts Taxable at Trust Rates, 41 Proxy tax, 42 Alternative minimum tax, 43 Tax on Noncompliant Facility Income, and 44 Total.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include 45a Foreign tax credit, 45b Other credits, 45c General business credit, 45d Credit for prior year minimum tax, 45e Total credits, 46 Subtract line 45e from line 44, 47 Other taxes, 48 Total tax, 49 2018 net 965 tax liability, 50a Payments, 50b 2018 estimated tax payments, 50c Tax deposited with Form 8868, 50d Foreign organizations, 50e Backup withholding, 50f Credit for small employer health insurance premiums, 50g Other credits, adjustments, and payments, 51 Total payments, 52 Estimated tax penalty, 53 Tax due, 54 Overpayment, and 55 Enter the amount of line 54 you want credited to 2019 estimated tax.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 2 columns: Question and Yes/No. Rows include 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account... and 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: [Signature] Date: 6.15.2. Title: CHIEF FINANCIAL OFFICER.

Paid Preparer Use Only: Print/Type preparer's name: CARLYE W. DOOLEY, Preparer's signature: CARLYE W. DOOLEY, Date: 06/11/20, Check self-employed: [], PTIN: P00292964, Firm's name: WINDHAM BRANNON, LLC, Firm's EIN: 58-1763439, Firm's address: 3630 PEACHTREE RD., NE, SUITE 600 ATLANTA, GA 30326, Phone no.: 404-898-2000.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3							
4a	Additional section 263A costs (attach schedule)	4a						Yes	No
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A).		Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B).
			0.		0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
MANAGEMENT FEES FROM A RELATED ENTITY FOR ADMINISTRATIVE SERVICES	30,000.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	30,000.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
PROFESSIONAL FEES	47,560.
OPERATING COSTS	43,443.
INSURANCE	3,100.
TRAVEL AND TRAINING	23,800.
ADVERTISING	8,608.
DUES AND SUBSCRIPTIONS	2,866.
INVESTMENT EXPENSE	2,085.
OTHER EXPENSES	6,878.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	138,340.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/08	391,940.	0.	391,940.	391,940.
06/30/09	59,650.	0.	59,650.	59,650.
06/30/10	67,444.	0.	67,444.	67,444.
06/30/11	111,381.	0.	111,381.	111,381.
06/30/12	192,239.	0.	192,239.	192,239.
06/30/13	208,973.	0.	208,973.	208,973.
06/30/14	248,396.	0.	248,396.	248,396.
06/30/15	337,520.	0.	337,520.	337,520.
06/30/16	299,091.	0.	299,091.	299,091.
06/30/17	357,769.	0.	357,769.	357,769.
06/30/18	376,899.	0.	376,899.	376,899.
NOL CARRYOVER AVAILABLE THIS YEAR			2,651,302.	2,651,302.