		Tana n		. E	XTENDED TO	O JUI	LΥ	15, 20	20					_
	Form	990-T	 Exempt Organization Business Income Tax Return 								eturr	ı L	OMB N	o 1545-0687
			(and proxy tax under section 6033(e)) (40) For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201								$(o \mid $	0	040	
			For cal	andar year 2018 or other tax	year beginning \underline{JUL}	1, 2	201	L8 , and end	_{ding} JU	N 30	, 201	9	Z	018
	Denari	ment of the Treasury		► Go to wy	vw.irs.gov/Form990T	for instru	uctio	ns and the lat	est inform	iation.		_		
		Revenue Service	•	Do not enter SSN num	bers on this form as	it may be	mad	le public if yo	ur organiz	ation is a	501(c)(3)	3). Open to Public Inspection for 501(c)(3) Organizations Only		
	A	Check box if		Name of organization (Check box if n	ame chan	iged a	and see instru	ctions)				yer identif oyees' trus	fication number st. see
		address changed											ctions)	.,
	B Ex	empt under section	Print	PLANNED PA	RENTHOOD :	SOUTI	HE?	AST, IN	ic.			5	8-60	45874
	X] 501(c √3)	_ or	Number, street, and ro	om or suite no. If a P.	.O. box, se	ee ins	structions.				E Unrelated business activity code (See instructions.)		
		408(e) 220(e)	Туре	241 PEACHT	REE STREE'	T NE	, 5	SUITE 4	100			222,		•
		408A530(a)		City or town, state or p	rovince, country, and	ZIP or for	reign	postal code]		
] 529(a)		ATLANTA, G	A 30303							713	910	
	C Box	k value of all assets		F Group exemption nu	mber (See instruction	ns.) 🕨								
		12,005,01	LO.	G Check organization t	ype ► X 501(r	c) corpora	ation	501	(c) trust		401(a)	trust		Other trust
	H EII	ter the number of the or	rganiza	don's unrelated trades d	or businesses.	1			Describe	the only (or first) un	related		4
	trac	fe or business here 🕨	MAN	AGEMENT FE	ES			If	only one,	complete	Parts I-V.	If more	than one) ,
	des	cribe the first in the bla	nk spa	ce at the end of the prev	ious sentence, comp	lete Parts	I and	l II, complete a	a Schedule	e M for ead	h addition	al trade	or	
	bus	iness, then complete P	arts III	-V										
				oration a subsidiary in a		a parent-s	ubsic	diary controlle	d group?		▶ L	Ye	s 🔀	No
				ifying number of the pai										
				ARA WOODSO						one numb		404	•	8-9305
	11/2/20	** *** *		le or Business II	1come	····	\dashv	(A) Inco	me	(B)	Expenses	uncondent.x.	20000017400000	(C) Net
		Gross receipts or sales			4 .									
		Less returns and allowa			c Balance	· —	10					XXXXXX	NO CONTRACTOR OF THE PARTY OF T	
		Cost of goods sold (Sc		•		_	2			2. cocoox 20.		-0000000C		
		Gross profit. Subtract li				_	3			2643833		**************************************		
_		apital gain net income (attach Schedule D)									60000000000000000000000000000000000000			
				art II, line 17) (attach Fo	rm 4797)	- 11-	-	RECIE	<u>NED</u>	200		X836964		
		Capital loss deduction f				14	<u>c</u>	and district to 1	and a section of the	70	<i>P</i> #2000	\$2000 C		
_		, , ,		hip or an S corporation	(attach statement)		}	JUN 29	2020	3	*30000000	XXXXX		
		Rent income (Schedule	•	(O-b-d-l- E)		r 1	D		1000	2				
ľ	_	Unrelated debt-finance			(0.5	11—	· I) <u> </u>		hæl				
:		•	terest, annuities, royalties, and rents from a controlled organization (Schedule F 8 OGDEN 117 vestment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9.											
			i section 501(c)(7), (9), or (17) organization (Schedule G) ty income (Schedule I)				10							
, .		Advertising income (So	-	•		_ 	11		-	<u> </u>				
į										\$628000		******		30,000.
ļ		Total. Combine lines 3					13		000.	KKRI II. KENINKE	222-43-43-43-2-27-22	XXXXXXX X7X		30,000.
				t Taken Elsewh	ere (See instructi	ons for lii	mıta							
				itions, deductions mi						s income)			
	14	Compensation of office	cerš, du	ectors, and trustees (So	hedule K)							14		
	15	Salaries and wages	•									15	3	27,954.
	16	Repairs and maintena	nce						•			16		
	17	Bad debts										17		
	18	Interest (attach sched	lule) (se	e instructions)								18		
	19	Taxes and licenses										19		
	20	Charitable contribution	ns (See	instructions for limitati	on rules)							20		
	21	Depreciation (attach F	orm 45	662)				L	21	1	<u>,676.</u>			
	22	Less depreciation clai	med or	Schedule A and elsewh	iere on return			· [22a			22b		1,676.
	23	Depletion										23		
	24	Contributions to defer	red co	npensation plans								24	_	
	25	Employee benefit prog	grams									25		
	26	Excess exempt expen-		•								26		
	27	Excess readership cos						~	a=-		- ^	27		20 212
;	28	Other deductions (atta		•				SEE	STAT	'EMEN'		28		38,340.
:	29	Total deductions. Add									B	29	4	67,970.
•	30			ncome before net operat	•							30	- 4	37,970.
)	31			oss arising in tax years		January 1	1, 20	18 (see instruc	ctions)		2 1	3,1		27 070
	32			come. Subtract line 31							7\	3 2		37,970.
	82370	1 01-09-19 LHA For	Paper	work Reduction Act Not	lice, see instructions	6.	_					•	Form	990-1 (2018)

Form 990-	T(2018) PLANNED PARENTHOOD SOUTHEAST, INC.	58-604	15874 Page 2
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see inst	tructions)	33 -437,970.
34	Amounts paid for disallowed fringes	,	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	s) STMT 3	35 0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34		$\begin{vmatrix} 36 \end{vmatrix} - 437,970.$
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	58	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	>0	-,
30	enter the smaller of zero or line 36	39	38 -437,970.
Part I			130 1 23.73.01
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39 0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line	a 29 fram:	-14
40	_ 	e 30 II UIII.	المساهدة ا
4.4	Tax rate schedule or Schedule D (Form 1041)		40
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)		42
43	Tax on Noncompliant Facility Income. See instructions		43 0.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44 0.
Part \	······································	<u>. 1 · · · - · · · · · · · · · · · · · · ·</u>	29 xx22
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	- 1	
b	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		48:31
C			- % 2
đ		3	E Production of the Control of the C
	Total credits. Add lines 45a through 45d		45e
46	Subtract line 45e from line 44	¬ .	46 0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47
48	Total tax. Add lines 46 and 47 (see instructions)		48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49 0.
50 a	a Payments: A 2017 overpayment credited to 2018		
b	2018 estimated tax payments		
C	: Tax deposited with Form 8868 500		
d	f Foreign organizations; Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	f	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 50g	<u> </u>	(3:3:)
51	Total payments. Add lines 50a through 50g		5,180.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖		52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		5,180.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Refunded ()	5,180.
Part !	VI Statements Regarding Certain Activities and Other Information (s	see instructions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or oth	her authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	gn country	
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	ror to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		\$ 3 8 4
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my kno	
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has CHIEF FIN	ANCIAL	
Here	1 TO WOOK 6.1S.Z NOFFICER	M	lay the IRS discuss this return with ne preparer shown below (see
	Signature of officer Date Title		nstructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN
D-: 1	Treputor o digitation	self- employed	
Paid	carlye w. dooley Carlye w. dooley 06/1		P00292964
Prepa	STATE OF THE PERSON AND THE	Firm's EIN ▶	
Use (3630 PEACHTREE RD., NE, SUITE 600		/
	Firm's address ATLANTA, GA 30326	-	104-898-2000
823711 O		11 110110 110.	Form 990-T (2018)
SECTION OF	. 55 15		101111 330-1 (2016)

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/	A.						
1 Inventory at beginning of year	11		6 Inventory at end of ye	ear		6				
2 Purchases	2		7 Cost of goods sold. S		line 6	() () () () () () () () () ()				
3 Cost of labor	3		from line 5. Enter her	line 5. Enter here and in Part I,						
4 a Additional section 263A costs			line 2			7				
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No				
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?							
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)				
Description of property	<u></u>		<u>.</u> ,							
(1)						<u> </u>				
(2)										
(3)										
(4)	0 0 0				т					
(-) (ed or accrued			3(a) Deductions directly of	connected with the income in				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (if the percer personal property exceeds 50% or nt is based on profit or income)	if	columns 2(a) and 2(b) (attach schedule)					
(1)										
(2)										
(3)										
(4)										
Total	0.	Total		0.						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.				
Schedule E - Unrelated Del	ot-Financed	Income (see	: instructions)							
			2. Gross income from		Deductions directly conn to debt-finance	ected with or allocable d property				
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)			***	†						
(2)	· · · · · · · · · · · · · · · · · · ·	***		1	/ = -					
(3)				1		 				
(4)			*	1						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to niced property in 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)		******	%	1						
(3)	····		%	1						
(4)			%	1						
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)				
Totals			•	•	0.	0.				
Total dividends-received deductions in	cluded in column	8				0.				
						Form 990-T (2018)				

Schedule F - Interest,	Annuities, Ro	yalties,					zatio	1S (see ins	structions	5)	
			Exempt C	Controlled O	rganızatı	ons				· · · · · · · · · · · · · · · · · · ·	
Name of controlled organizal		Employer entification number		elated income instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	connected with income	
(1)			-								
(2)	-		-					•			
(3)									1		
(4)			Ì								
Nonexempt Controlled Organi	zations									· · · · · · · · · · · · · · · · · · ·	
7. Taxable Income	8. Net unrelated	ncome (loss)	9. Total o	of specified pay	ments	10. Part of colu	mn 9 tha	t is included		luctions directly connected	
	, (see instru			made		in the controll gross	ing orgar s income	nization's	with	income in column 10	
(1)											
(2)										·	
(3)	****										
(4)											
						Add colur Enter here and line 8, (1, Parti,	Enter he	d columns 6 and 11 are and on page 1, Part I, one 8, column (B).	
Totals					▶			0.		0.	
Schedule G - Investme	ent Income of	a Section	on 501(c)(7), (9), or	(17) Or	ganization	<u> </u>				
(see insti			(-)(,, (-,,	(,	9	-				
1. Desc	ription of income			2. Amount of	income	3. Deduction directly connect (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)										1	
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals Schedule I - Exploited	Evernt Activ	ity Ingo	ma Otha	Than A		ing Income				×1	
(see instru		vity inco	ine, Omei	IIIaii At	1 46 1 (12)	ing income	3			•	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	direct with of	Expenses ily connected production unrelated ness income	4. Net incor from unrelated business (comminus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelated business inco	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)					•						
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	pag	here and on ge 1, Part I, 10, col (B).							Enter here and on page 1, Part II, line 26	
Totals		0.	0.							0.	
Schedule J - Advertisi											
Rantil Income From	Periodicals R	eported	on a Con	solidated	l Basis						
1. Name of periodical	2. Gro advertis incom	sing ,	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7			6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)						*					
(2)											
(3)						<u> </u>					
(4)						*					
Totals (carry to Part II, line (5))	•	0.	0							0.	
	•									Form 990-T (2018)	

Form 990-T (2018) PLANNED PARENTHOOD SOUTHEAST, INC. 58-60458

Partill 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.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	130,000,000,000,000,000,000,000,000		85588838888888887575 <i>2</i> 28888663887575261	Enter here and on page 1, Part II, line 27
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	Compensation attributable to unrelated business
(1)	'	%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	7	OTHER	INCOME		STATEMENT 1
DESCRIPTIO	N				AMOUNT
MANAGEMENT SERVICES	30,000.				
TOTAL TO F	30,000.				
FORM 990-T	•	OTHER	DEDUCTI	CONS	STATEMENT 2
DESCRIPTIO)N				AMOUNT
PROFESSION OPERATING INSURANCE TRAVEL AND ADVERTISIN DUES AND S INVESTMENT OTHER EXPE	47,560. 43,443. 3,100. 23,800. 8,608. 2,866. 2,085. 6,878. 138,340.				
FORM 990-T	NET	OPERATING	G LOSS I	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOU APPL	JSLY	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/08 06/30/09 06/30/10 06/30/11 06/30/12 06/30/13 06/30/14 06/30/15 06/30/16 06/30/17	391,940. 59,650. 67,444. 111,381. 192,239. 208,973. 248,396. 337,520. 299,091. 357,769. 376,899.		0. 0. 0. 0. 0. 0.	391,940. 59,650. 67,444. 111,381. 192,239. 208,973. 248,396. 337,520. 299,091. 357,769. 376,899.	391,940. 59,650. 67,444. 111,381. 192,239. 208,973. 248,396. 337,520. 299,091. 357,769. 376,899.
NOL CARRYO	VER AVAILABLE THIS	YEAR		2,651,302.	2,651,302.