	-8'	A i								4	7739	3 U 6	5 5	02924
	٠	62.			EXTEND	ED T	ro M	IAY	17, 20	21			_	
	Form 9	90-T 🌉 👃	E	xempt Or							Tax Ret	turn	-	OMB No 1545-0047
									ction 603		~'V	φ		2040
	•		For cal	endar year 2019 or other					<u>エタ</u> , and ei ons and the la			2020	<u> </u>	2019
		it of the Treasury venue Service	>	Do not enter SSN nu	-							1(c)(3).	ŀ	Open to Public Inspection to 501(c)(3) Organizations Only
		Check box if address changed		Name of organizatio	n (Che	ck box If	name c	hanged	and see instr	uctions.)			Empl (Emp	oyer identification number loyees' trust, see actions)
		·	rint	PLANNED P	ARENTH	TOOD	SOU	тне	AST. T	NC.				8-6045874
		1(c)(3 0)3	or	Number, street, and									Unrel	ated business activity code
		8(e) 220(e)	Гуре	241 PEACH						400			(See I	instructions)
	40	8A530(a)		City or town, state o			nd ZIP o	r foreig	n postal code					
		9(a)		ATLANTA,		303						7	713	910
	C Book va	tive of all assets 1 year 1 5 , 2 4 0 , 9 4		F Group exemption				>	-	4/->		101() (
	H Enter t	to , 240 , 34	120172	G Check organizatio tion's unrelated trade			i(c) cor	poration 1	1 50	1(c) trust		401(a) t		Other trust
			-	AGEMENT F		C3.		-			the only (or fi , complete Par			
		•		ce at the end of the p		nce, com	plete Pa	arts I an						•
		ss, then complete Pa				,			, -					, •
2	N During	the tax year, was the	e corp	oration a subsidiary i	n an affiliated	group or	r a pare	nt-subs	idiary controll	ed group?		▶ L	Ye	es X No
				fying number of the		ation. 🕨								
•				ARA WOODS			.,						04	,
	**************************************	03	irac	le or Business	Income				(A) Inc	ome	(B) Ex	penses	xxxxxxx	(C) Not)
		ss receipts or sales												
		s returns and allowa st of goods sold (Sch		A line 7)	c Bala	nce		1c 2			200000000000000000000000000000000000000	30 (A 2000)		
		ss profit. Subtract lir		•				3			\$5,000,000,000			
	_	otal gain net income						4a					\$	
	-	-	•	art II, line 17) (attach	Form 4797)			4b				**************************************		
		ital loss deduction fo			,			4c						
	5 Inco	ome (loss) from a pa	rtners	hip or an S corporation	on (attach sta	tement)		5			1	* ***	***	
	6 Ren	nt income (Schedule	C)					6						
	7 Unr	elated debt-financed	Incon	ne (Schedule E)				7		,				
		•		nd rents from a contro	•			8						
				n 501(c)(7), (9), or (17) organizati	on (Sche	edule G)	-	/					
	-	loited exempt activity rertising income (Sch		,		•		10			•			
		• (s; attach schedule)	STATEM	ENT	1 4	12	85	600.		***	#2334	85,600.
		tal. Combine lines 3		•	D D		_/	13		,600.		######################################	3804C086	85,600.
	Part			t Taken Elsew	here (See	instruc	tions fo							33,000
		(Deductions in	nust b	e directly connecte	ed with the u	unrelate	d busii	ness in	icome).					į
	14 Co	mpensation of office	rs, dır	ectors, and trustees ((Schedule K)								14	
		laries and wages		-									15	319,145.
	•	pairs and maintenan	ce		. /								16	
		d debts	1-> /									-	17	
		erest (attach schedu xes and licenses	ie) (Se	e instructions)						_			18	
		preciation (attach Fo	rm 45	i62)	/			-	· • • · · · · · · · · · · · · · · · · ·	20	2,2	14.8	19	
		,		Schedule A and else	/ where on retu	ırn			-	21a	2,2		21b	2,214.
		pletion							L.				22	2,22
	23 Co	ntributions to deferr	ed cor	npensation plans								i	23	
		nployee benefit progi		/									24	
		cess exempt expens	es (Sc	hedule I)									25	
	_	cess readership cost		<i>j</i> .								_ [26	
		her deductions (attac		<i>,</i> '					SEE	STAT	EMENT	2	27	111,970.
		tal deductions. Add		1 -		a	0		0.4			-	28	• 433,329.
				come before net ope									29	-347,729.
		auction for net opera ee instructions)	anig K	oss arısıng ın tax year	ទេ ១៩ថិយលេខ G	iii ur atte	ii Janua	ıy I, 2U	SEE	ςπъπ	EMENT	٦	20	0.
	-	. /	, able in	come. Subtract line 3	30 from line 24	9			يبيرن	DIMI	TITITIES T	~	30	-347,729.
						-								

Form **990-T** (2019)

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A						
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6			
2 Purchases	2		7 Cost of goods sold. Si						
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,				
4 a Additional section 263A costs			line 2	۳		7			
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No			
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Leas	ed With Real Prop	perty)			
Description of property									
(1)						 			
(2)									
(3)	_								
(4)					·				
		ed or accrued			3/a) Dodustions directly	populated 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 p	and personal property (if the percent personal property exceeds 50% or if at its based on profit or income)	age		connected with the income in d 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total		0.	<u></u>				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	. ▶		0.	(b) Total deductions. Enter here and on page 1, Part I, Ilne 6, column (B)	0.			
Schedule E - Unrelated Del	ot-Financed	I Income (see	instructions)			•			
			2. Gross income from		 Deductions directly conn to debt-finance 				
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to nnced property h 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)			%						
-					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals			•		0.	0.			
Total dividends-received deductions in	icluded in columi	n 8		-	>	0.			
						Form 990-T (2019)			

ourication interest,	Annuitie	s, Royal	ties, ar	nd Rents	s From C	ontroll	ed Organiz	zatio	1S (see ins	structio	ns)	
		Ţ;		Exempt (Controlled O	rganızat	ions					
1. Name of controlled organiza	ation	2. Emp identific numb	ation	3. Net unr	elated income instructions)	4. то	tal of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	connecte	ctions directly ed with income column 5
/1\								 			-	
(1)												
(2)			 -				:`	-				
(3)						<u> </u>		-				 -
(4)		<u> </u>					•	<u> </u>				
Nonexempt Controlled Organ	izations											
7. Taxable Income		inrelated incom- see instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gross		nization's		Peductions of th Income in	lirectly connected a column 10
(1)							· · · · · · · · · · · · · · · · · · ·					
(1)								_				-
(2)	 											
_(3)	<u> </u>											
(4)	<u> </u>											
•							Add colur Enter here and line 8,		e 1, Part I,		Add columns here and or line 8, col	page 1, Part I,
Totals						•			0.			0.
Schedule G - Investm	ent Inco	me of a S	Section	501(c)(7) (9) or	(17) O	rganization					
	tructions)	ille of a c	CUUI	1 30 1 (0)(1), (9), 01	(17) 0	ı yaı iizatiçi	•				
	cription of inco	ome			2. Amount of	income	3. Deduction directly connective (attach schedule)	ected	4. Set-	asides schedule)	1	Total deductions and set-asides of 3 plus col 4)
(1)						-	,	•			- - '	·
(2)									-			
									<u> </u>			
(3)											_	
(4) Totals				•	Enter here and Part I, line 9, co		man gud	and a grant of the				ere and on page 1, ine 9, column (B)
Schedule I - Exploited	•	Activity	Incom	e, Othe	r Than Ad	lvertis	ing Income	9				
. 1 Description of exploited activity	2. (unrelated incom	Gross business le from business	directly of with pro of unr	penses connected oduction elated s income	4. Net incon from unrelated business (or minus colum gain, comput through	trade or olumn 2 in 3), if a e cols 5	5. Gross inco from activity is not unrelar business inco	that ted	attribut	penses able to mn 5	exp 6 m	Excess exempt lenses (column linus column 5, not more than column 4).
(1)	1											
(2)	1											
(3)		<u> </u>			†							
(4)	1	+			1						- 	
	page 1	re and on i, Part I, col (A).	page 1	re and on , Part I, col (B).			l		L		***	nter here and on page 1, ert II, line 25
Totals	1	٠.	ota : = *:=	0.	*********			486.84.889			688°	0.
Schedule J - Advertis					solidated	l Basis						
 					4 4	tising galn	,		-		7	ess readership
1. Name of periodical		2. Gross advertising income		3. Direct extising costs	or (loss) (c col 3) If a g	ol 2 minus			6. Read cost		costs (column	column 6 minus 5, but not more n column 4)
(1)					48.38		8				33300	
(2)					\exists						7	
(3)			1		\dashv			-			│	
		 .	 				%				-	
(4)			-		89°88'88'88	***********	<u>क्र</u>				CSSR 355	
Totals (carry to Part II, line (5))	>	().	0							Form ⁹	0 . 990-T (2019)

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.		W.C. W. W.		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	<u> </u>	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 (2019)

FORM 990-T '	OTHER	INCOME	STATEMENT	1
DESCRIPTION			AMOUNT	
MANAGEMENT FEES FROM A RELATED SERVICES	ENTITY	FOR ADMINISTRATIVE	85,60	0.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 12		85,60	0.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT	2
DESCRIPTION			AMOUNT	
CONTRACT STAFF PROFESSIONAL FEES OPERATING COSTS INSURANCE TRAVEL & TRAINING ADVERTISING DUES & SUBSCRIPTIONS INVESTMENT EXPENSES MISCELLANEOUS EXPENSE			20 18,05 42,99 3,00 24,53 3,85 4,42 2,07 12,83	1. 10. 11. 159. 16.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 27		111,97	0.