, Form <b>990-T</b>		anization Bus			x Returi	<b>1</b> ,	OMB No 1545-0047
101111 000 1	(and proxy tax under section 6033(e))   (4   For calendar year 2019 or other tax year beginning, 2019, and ending, 2019, and ending					-	୬ଲ <b>1</b> 0
	· ·	rs.gov/Form990T for i			rmation	—-	<u> </u>
Department of the Treasury Internal Revenue Service	Do not enter SSN numi	-				(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Cháck box if	Name of organization	<del></del>	ne changed and see ins				yer identification number
address changed	PLANNED PA	ARENTHOOD OF T	HE GREAT			(Emplo	yees' trust, see instructions )
B Exempt under section	NORTHWEST	AND HAWAIIAN	ISLANDS				
X 501( C)(O3_)	Print Number, street, and	d room or suite no If a P O	box, see instructions			91-06	86012
408(e) 220(e	Type				Ī		ted business activity code
408A 530(a	I INDE   OOO1 II MI	ADISON				(See ins	structions)
529(a)	City or town, state	or province, country, and 2	IP or foreign postal code	е			
C Book value of all assets	SEATTLE, W	NA 98122-2959				53112	20 523000
at end of year	F Group exemption num	iber (See instructions )	<b>•</b>				
101,446,457.	G Check organization type	pe ▶ X 501(c) co	rporation	501(c) tru:	st	401(a)	trust Other trust
H Enter the number o	f the organization's unrelated	trades or businesses	2		Describe	the only	(or first) unrelated
trade or business he	re ▶DEBT-FINANCED	INCOME	If onl	y one, com	plete Parts I-\	/ If more	than one, describe the
first in the blank sp	ace at the end of the previous	us sentence, complete	Parts I and II, comple	ete a Sched	lule M for each	addition	al
trade or business, tl	en complete Parts III-V						
I During the tax year	was the corporation a subs	sidiary in an affiliated g	roup or a parent-subs	idiary contr	olled group?.		▶ Yes X No
	ame and identifying numbe	r of the parent corporate					
	e of ▶JOE ALBERS		Те	lephone nu	ımber ▶ 206	-328-	6814
Part I Unrelated	Trade or Business Inc	come	(A) Income	-	(B) Expens	es	(C) Net
1a Gross receipts or	sales		BECEIVE	ال _2			
<b>b</b> Less returns and allow	ances	c Balance ▶ 1c	The state of the s				
2 Cost of goods so	ld (Schedule A, line 7)		MOV 2 3 202	0 121			
	otract line 2 from line 1c	44.4	NOV B 0 2011	141			
4a Capital gain net	ncome (attach Schedule D)	4a	OGDEN, U	T			
b Net gain (loss) (F	orm 4797, Part II, line 17) (attac	ch Form 4797) 4b	005				
c Capital loss dedi	iction for trusts	4c			/_		
, ,	partnership or an S corporation (attach				$-\!\!\!/-\!\!\!\!-$		
6 Rent income (Sc	nedule C)		40.5			0.60	07.753
7 Unrelated debt-f	nanced income (Schedule E)	7	43,7	15.	15,	962.	27,753.
8 Interest, annuities, ro	alties, and rents from a controlled org.	anization (Schedule F) 8					
9 Investment income of	a section 501(c)(7), (9), or (17) orga						
•	activity income (Schedule I)						
	ne (Schedule J)						
	ee instructions, attach sched		12.7	11.5	1.5	0.60	27.752
	nes 3 through 12			15.		962.	
	ns Not Taken Elsewho	` /	rs for limitations	s on dedi	uctions ) (D	eductio	ons must be directly
	d with the unrelated bu	ge					
	f officers, directors, and trust						<del></del>
	es						
	ntenance						
		/					
	schedule) (see instructions)						
	es						
	ach Form 4562)					_	
	n claimed on Schedule A an						
22 Depletion	/		. ,			. 22	
	deferred compensation plans						
	t programs						
	prenses (Schedule I),						-
	p costs (Schedule J)						2,000.
	(attach schedule)					_	2,000.
	Add lines 14 through 27					- 1	25,753.
	ess taxable income before	· · · · ·					23,733.
	t operating loss arising in ta						25,753.
	ss taxable income Subtraction Act Notice, see instruct		<u> </u>	<del></del>	<u> </u>	.   3]	Form <b>990-T</b> (2019)

▶ BDO USA, LLP Firm's EIN ▶ 13-5381590 Firm's name **Use Only** Firm's address ▶ 299 S MAIN ST. SALT LAKE CITY, Phone no 801-269-1818 10TH FLOOR, UT 84111 JSA 9X2741 1 000 Form 990-T (2019)

 $y_1/15/2020$ 

self-employed

JOANNA JOHNSTON

Preparer

P01075079

Form 990-T (2019)								_	Page
Schedule A - Cost of Go	ods Sold. Er	ter method	of invento	ry valuation	<u> </u>				
1 Inventory at beginning of ye	ear . 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2	_	_	7 Cost of	goods so	old. Subtract line			
3 Cost of labor	3			6 from li	ne 5 Enter	here and in Part			
4a Additional section 263A co	sts			I, line 2 .			7		_
(attach schedule)	4a	_		8 Do the	rules of	section 263A (w	ıth resp	ect to	Yes No
<b>b</b> Other costs (attach schedul	le) . 4b					or acquired for			
5 Total. Add lines 1 through				to the org	anızatıon? .	<u></u>		<u></u>	X
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Person	al Property	Leased V	Vith Real Proper	ty)		
1. Description of property									
(1)									
(2)	-		<del></del> -						
(3)	<del></del>								
(4)									
(1)	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the				-	//f th o				
(a) From personal property (if the p for personal property is more tha more than 50%)		percenta	age of rent for	personal property personal property pased on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)				-	_				
(2)									
(3)									
(4)								_	
Total	-	Total							
(c) Total income. Add totals of co	lumns 2(a) and 2(	b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6,	. , ,	•				Part I, line 6, colum			
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instructio	ns)					
			2. Gross ir	ncome from or	3. [	Deductions directly con		or allocab	le to
1. Description of debt	t-financed property			debt-financed	(a) Straigh	debt-finance		ther dedu	ctions
						ch schedule)	(attach schedule)		
(1) ATCH 3									
(2)									
(3)									
(4)									
Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule)	<ol> <li>Average adjust of or allocal debt-financed (attach sche</li> </ol>	ble to property	4 d	Column Ivided Dlumn 5		income reportable n 2 x column 6)	(column	ocable ded 6 x total o (a) and 3(t	of columns
(1)				%					
(2)				%			_		
(3)				%					
(4)				%			_		
						re and on page 1, ne 7, column (A)		ere and or	n page 1, umn (B)
Totals					4.3	3,715.	1	5,962	_
Total dividends-received deduction									

Form **990-T** (2019)

Schedule F - Interest, Ann	uities, Royaltie		pt Contro				zations (s	ee ilistruct	ions)	
Name of controlled organization	identification number					of specified included		of column 4 that is d in the controlling ation's gross income		6. Deductions directly connected with income in column 5
(1)									_	
(2)										<u> </u>
(3)			_		-	<u> </u>				<del> </del>
(4)					<u> </u>					
Nonexempt Controlled Organiz	zations	<u> </u>				1 40	Dod of 1	0.151	T 44	<del></del>
7. Taxable Income	8. Net unrelated in (loss) (see instruc			l of specific ents made		inc	Part of colum luded in the d anization's gro	ontrolling		l. Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)							dd columns 5			id columns 6 and 11
Totals	ncome of a Sec	ction 501(c	 c)(7), (9)	 ), Or (17 3. Deduc		Pa		structions)		er here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	income		directly cor (attach sch	nected			Set-asides h schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)										<del></del>
(2)									-	<del></del> -
(3)							<u> </u>	<del> </del>		
(4)	Enter here and Part I, line 9, co							Enter here and on page Part I, line 9, column (B		
Totals ▶ Schedule I – Exploited Exe	mpt Activity In	come, Oth	er Than	Advert	ising Ir	com	e (see insti	uctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business in	with 2 1	Net incorporment unrelated business minus colf a gain, colo 5 three	ed tradé (column lumn 3) ompute	from	5. Gross income from activity that is not unrelated business income  6. Expenses attributable to column 5		at attributable to column	
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ırt I,		_				_	Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	ICOME (see instri	uctions)								
Part I Income From Per			nsolida	ted Ras						······································
1. Name of periodical	2. Gross advertising	3 Direc	at S	4. Advert gain or (los	ising s) (col	5.	Circulation	6. Read	•	7. Excess readership costs (column 6 minus column 5, but
	ıncome	advertising (	2 minus col 3) If a gain, compute cols 5 through 7		ıncome		costs		not more than column 4)	
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5)) ▶										
										Form <b>990-T</b> (2019)

(4)

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 ▶						
	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) ▶						
Schedule K - Compensation	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1. Name		2. Title		3. Percent of time devoted to business	4. Compensation unrelated	on attributable to business
(1)				%		
(2)				%		

Form **990-T** (2019)

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

Ma	1545-004	7

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_

, 20 \_\_\_\_ , 2019, and ending

► 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)

Name	of	the	organization
------	----	-----	--------------

PLANNED PARENTHOOD OF THE GREAT

Unrelated Business Activity Code (see instructions) ▶ 525990

Employer identification number

91-0686012

	Describe the unrelated trade or business ► K-1 INVESTM	ENT	INCOME		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a		·	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) ATCH 4 .	5	227.		227.
6	Rent income (Schedule C)				
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions, attach schedule)	12			
12	Total Combine lines 3 through 12	43	227.		227.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance	1	
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b_	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	227.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29		227.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

2,000.

PART II - LINE 27 - OTHER DEDUCTIONS

2,000.

ACTURATION OF THE PARTY OF THE	0
<u>ATTACHMENT</u>	Z .

## FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M) ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	27,753. 227.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	0. 2,000. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	2,598.
CHARITABLE CONTRIBUTION  CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	96. 2,598.

11/16/2020 12:12:54 PM

## SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2019

	PLANNED PARENTHOOD OF THE GREAT				Employ	er identifica	tion number	Г
	NORTHWEST AND HAWAIIAN ISLANDS					91 <u>-0</u> 686		
Did ti	ne corporation dispose of any investment(s) in a	a qualified opportuni	ty fund during the ta	x year?	•	Yes	X No	
	s," attach Form 8949 and see its instructions for	or additional require	ments for reporting	your gain or lo	ss			
Part	Short-Term Capital Gains and Losses	s (See instructions	)					
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments		(h) Gain or	(loss)	
	the lines below	Proceeds	Cost	or loss from For		1	olumn (e) fro	
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	8949, Part I, lin column (g)	e 2,		) and combin with column (	
1a	Totals for all short-term transactions reported on Form			Column (g)		the result	Min column	(9)
	1099-B for which basis was reported to the IRS and for							
	which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949,							
	leave this line blank and go to line 1b							
1 b	Totals for all transactions reported on Form(s) 8949							
	with Box A checked							
2	Totals for all transactions reported on Form(s) 8949			1			-	
	with Box B checked							
3				<del>                                     </del>		1		
·	with Box C checked							
						<u> </u>	<del></del>	
	Chart tage contains an form matelles are also form	F 0050 L 00 0	-					
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	<i>'</i>		4	ļ		
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5			
6	Unused capital loss carryover (attach computation)				6	( 1	1,792,7	92.)
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	_1	,792,7	92.
Part				<u> </u>	<u> </u>	J	<u> </u>	
	See instructions for how to figure the amounts to enter on	· · · · · ·	4-3	(g) Adjustments	to gain	(h) Gain or	(loss)	
	the lines below	(d) Proceeds	(e) Cost	or loss from For		1	olumn (e) froi	m
	This form may be easier to complete if you round off cents to	(sales pnce)	(or other basis)	8949, Part II, lir	e 2,		and combine	
82	whole dollars  Totals for all long-term transactions reported on Form			column (g)		the result v	with column (	(g)
V	1099-B for which basis was reported to the IRS and for							
	which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949,							
	leave this line blank and go to line 8b							
8 b	Totals for all transactions reported on Form(s) 8949							
	with Box D checked							
9	Totals for all transactions reported on Form(s) 8949							
	with Box E checked							
10	Totals for all transactions reported on Form(s) 8949			-				
10	' ',	265.	56.				_	09.
	with Box F checked	203.		<u> </u>				<u>09.</u>
11	Enter gain from Form 4797, line 7 or 9	. <b></b>			11			
12	Long-term capital gain from installment sales from F	orm 6252, line 26 or 37	, 		12			
13	Long-term capital gain or (loss) from like-kind exchan	iges from Form 8824			13			
		•						
14	Capital gain distributions (see instructions)				14			
					<del></del>			
15	Net long-term capital gain or (loss) Combine lines 8.	a through 14 in column	h		4.5		2	09.
	Summary of Parts I and II	a tirrough 14 in column	<u>"</u>	<u> </u>	15			09.
ган	Summary of Parts Land II	<del></del>			_			
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		16			
17	Net capital gain. Enter excess of net long-term capit	al gain (line 15) over ne	et short-term capital los	s (line 7)	17			
18	Add lines 16 and 17 Enter here and on Form 1120,				18			
	Note If losses exceed gains, see Capital Losses in the			• •				

Schedule D (Form 1120) 2019

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

PLANNED PARENTHOOD OF THE GREAT

91-0686012

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	OD) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see <b>Note</b> above)
Γ	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

		<del></del>	~				
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
SIGULER GUFF DISTRESSED OPPORTUNI		12/31/2019		6			-6
METROPOLITAN REAL ESTATE PARTNERS		12/31/2019		50			-50
METROPOLITAN REAL ESTATE PARTNERS		12/31/2019	265				265
							_
			-				
						, <del></del>	
			_				
2 Totals. Add the amounts in columns in negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ide on your 9 (if Box E	265	56			209

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)