2939315205237 9

EXTENDED TO MAY 15, 2019

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

▶ 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).

Department of the Treasury Internal Revenue Service

OMB No. 1545-0687

2017

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

A [ ] Check box if address changed

B Exempt under section [X] 501(c)(3) [ ] 408(e) [ ] 220(e) [ ] 408A [ ] 530(a) [ ] 529(a)

C Book value of all assets at end of year 467,407,950.

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
123 WILLIAM STREET, NO. 10 FL

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10038

D Employer identification number (Employees' trust, see instructions.) 13-1644147

E Unrelated business activity codes (See instructions.) 900099

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ CAMILA SOUSA C/O PPFA Telephone number ▶ (212)541 7800

Part I Unrelated Trade or Business Income

		(A) Income	(B) Expenses	(C) Net
1a 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			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. 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)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule) STATEMENT 2	12	236,454.		236,454.
13 **Total.** Combine lines 3 through 12	13	236,454.		236,454.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	20,888.
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 **Total deductions.** Add lines 14 through 28		29	20,888.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	215,566.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	215,566.
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)		33	1,000.
34 **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	214,566.

RECEIVED MAY 22 2019 OGDEN, UT B642 IRS-OSC

SCANNED JUL 10 2019

723701 01-22-18 LHA **For Paperwork Reduction Act Notice, see instructions.** Form **990-T** (2017)

75

11500207 142680 FEDERATION 2017.05030 PLANNED PARENTHOOD FEDERATI FEDERATI

Part III Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and:
a Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order):
(1) $ (2) $ (3) $
b Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $
(2) Additional 3% tax (not more than $100,000) $
c Income tax on the amount on line 34 SEE STATEMENT 4 ▶ 35c 56,084.

36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from.
☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ 36

37 **Proxy tax.** See instructions ▶ 37

38 Alternative minimum tax 38

39 **Tax on Non-Compliant Facility Income.** See instructions 39

44

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 56,084.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
c	General business credit. Attach Form 3800	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	**Total credits.** Add lines 41a through 41d			41e
42	Subtract line 41e from line 40			42 56,084.
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43
44	**Total tax.** Add lines 42 and 43			44 56,084.
45a	Payments: A 2016 overpayment credited to 2017	45a		
b	2017 estimated tax payments	45b		
c	Tax deposited with Form 8868	45c	51,492.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g	51,492.	
46	**Total payments.** Add lines 45a through 45g SEE STATEMENT 3			46 51,492.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47 2,058.
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48 6,650.
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49
50	Enter the amount of line 49 you want. **Credited to 2018 estimated tax** ▶ Refunded ▶			50

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

		Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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 country here ▶ KENYA	X	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

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 15/14/19 Date ▶ CFO Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
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) ▶ 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 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)		%		
			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 included in column 8 ▶				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 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). 0.	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B). 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) 0.			Enter here and on page 1, Part I, line 9, column (B) 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) 0.	Enter here and on page 1, Part I line 10, col (B). 0.				Enter here and on page 1 Part II, line 26 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.
	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 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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0.

Form **4626**
Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.
▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123
2017

Name PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.

Employer identification number 13-1644147

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction			1	214,566.
2	**Adjustments and preferences:**				
a	Depreciation of post-1986 property			2a	
b	Amortization of certified pollution control facilities			2b	
c	Amortization of mining exploration and development costs			2c	
d	Amortization of circulation expenditures (personal holding companies only)			2d	
e	Adjusted gain or loss			2e	
f	Long-term contracts			2f	
g	Merchant marine capital construction funds			2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
i	Tax shelter farm activities (personal service corporations only)			2i	
j	Passive activities (closely held corporations and personal service corporations only)			2j	
k	Loss limitations			2k	
l	Depletion			2l	
m	Tax-exempt interest income from specified private activity bonds			2m	
n	Intangible drilling costs			2n	
o	Other adjustments and preferences			2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o			3	214,566.
4	**Adjusted current earnings (ACE) adjustment:**				
a	ACE from line 10 of the ACE worksheet in the instructions	4a	214,566.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.		
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c			
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note:** You **must** enter an amount on line 4d (even if line 4b is positive)	4d			
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount			4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT			5	214,566.
6	Alternative tax net operating loss deduction. See instructions			6	
7	**Alternative minimum taxable income.** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions			7	214,566.
8	**Exemption phase-out** (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):				
a	Subtract $150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	64,566.		
b	Multiply line 8a by 25% (0.25)	8b	16,142.		
c	Exemption. Subtract line 8b from $40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-			8c	23,858.
9	Subtract line 8c from line 7. If zero or less, enter -0-			9	190,708.
10	Multiply line 9 by 20% (0.20)			10	38,142.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions			11	
12	Tentative minimum tax. Subtract line 11 from line 10 STMT 5 BLENDED RATE			12	19,228.
13	Regular tax liability before applying all credits except the foreign tax credit			13	56,084.
14	**Alternative minimum tax.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return			14	0.

JWA **For Paperwork Reduction Act Notice, see separate instructions.**

Form 4626 (2017)

717001
01-12-18

11500207 142680 FEDERATION 2017.05030 PLANNED PARENTHOOD FEDERATI FEDERAT1

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626			1	214,566.
2	ACE depreciation adjustment:				
a	AMT depreciation		2a		
b	ACE depreciation:				
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections 168(f)(1) through (4)	2b(5)			
	(6) Other property	2b(6)			
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)		2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a			2c	
3	Inclusion in ACE of items included in earnings and profits (E&P)				
a	Tax-exempt interest income		3a		
b	Death benefits from life insurance contracts		3b		
c	All other distributions from life insurance contracts (including surrenders)		3c		
d	Inside buildup of undistributed income in life insurance contracts		3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)		3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e			3f	
4	Disallowance of items not deductible from E&P:				
a	Certain dividends received		4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)		4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)		4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)		4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)		4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e			4f	
5	Other adjustments based on rules for figuring E&P:				
a	Intangible drilling costs		5a		
b	Circulation expenditures		5b		
c	Organizational expenditures		5c		
d	LIFO inventory adjustments		5d		
e	Installment sales		5e		
f	Total other E&P adjustments. Combine lines 5a through 5e			5f	
6	Disallowance of loss on exchange of debt pools			6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts			7	
8	Depletion			8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property			9	
10	**Adjusted current earnings.** Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626			10	214,566.

717021
04-01-17

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1

PRE-TAX PAYMENTS FOR QUALIFIED TRANSPORTATION FRINGE PLANS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2

DESCRIPTION	AMOUNT
PRE-TAX PAYMENTS FOR QUALIFIED TRANPORTATION FRINGE PLANS	236,454.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	236,454.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 3

DESCRIPTION	AMOUNT
PAYMENT WITH FEDERAL EXTENSION	51,492.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G	51,492.

FORM 990-T LINE 35C TAX COMPUTATION STATEMENT 4

1.	TAXABLE INCOME		214,566	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		50,000	
3.	LINE 1 LESS LINE 2		164,566	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT		25,000	
5.	LINE 3 LESS LINE 4		139,566	
6.	INCOME SUBJECT TO 34% TAX RATE		139,566	
7.	INCOME SUBJECT TO 35% TAX RATE		0	
8.	15 PERCENT OF LINE 2		7,500	
9.	25 PERCENT OF LINE 4		6,250	
10.	34 PERCENT OF LINE 6		47,452	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		5,728	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX			66,930
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		45,059	
		DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	33,740	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	22,344	
18.	TOTAL TAX PRORATED	365		56,084

TENTATIVE MINIMUM TAX (TMT) PRORATION STATEMENT 5

	DAYS		
TENTATIVE MIMIMUM TAX FOR THE ENTIRE YEAR . . .		38,142.	
TMT IN EFFECT BEFORE 01/01/2018		38,142.	
TMT IN EFFECT AFTER 12/31/2017		0.	
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . .	184	19,228.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . .	181	0.	
TMT PRORATED	365		19,228.