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AMENDED RETURN - SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Form 990-T

OMB No 1545-0687

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

2017

Department of the Treasury
Internal Revenue Service

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

A Check box if address changed
B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)
Name of organization (Check box if name changed and see instructions.) PLANNED PARENTHOOD LOS ANGELES
Number, street, and room or suite no. If a P.O. box, see instructions. 400 WEST 30TH STREET
City or town, state or province, country, and ZIP or foreign postal code LOS ANGELES, CA 90007
D Employer identification number (Employees' trust, see instructions) 95-2408623
E Unrelated business activity codes (See instructions) 900099

C Book value of all assets at end of year 87,258,083.
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. SECTION 512(A)(7) REPEAL

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

J The books are in care of LINDA PAHL Telephone number 213-284-3200

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
1c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions, attach schedule)			
13 Total. Combine lines 3 through 12	0.		

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 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	
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	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
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	0.
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	0.

43 Received In NOV 13 2020

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JUL 15 2020
OGDEN, UTAH

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 **35c** 0.

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**

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 0.

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** 0.

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** 0.

45a Payments. A 2016 overpayment credited to 2017 **45a**

b 2017 estimated tax payments **45b**

c Tax deposited with Form 8868 **45c**

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 _____ Total **45g** 20,215.
 Form 4136 Other 20,215.

46 **Total payments.** Add lines 45a through 45g **46** 20,215. SEE STATEMENT 2

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47**

48 **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed **48**

49 **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 20,215.

50 Enter the amount of line 49 you want: **Credited to 2018 estimated tax** **50** 20,215.
Refunded

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

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 **Yes** **No**
 _____ 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. **Yes** **No**
 _____ X

53 Enter the amount of tax-exempt interest received or accrued during the tax year **53** \$ _____

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.

Sign Here *[Signature]* **Date** 06/10/20 **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: KELLY GILLETTE
 Preparer's signature: KELLY GILLETTE
 Date: 06/10/20
 Check if self-employed:
 PTIN: P00650274
 Firm's name: ARMANINO LLP
 Firm's address: 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600
 Firm's EIN: 94-6214841
 Phone no.: 925-790-2600

FOOTNOTES

STATEMENT 1

THE RETURN IS AMENDED DUE TO THE REPEAL OF SECTION 512(A)(7) DISALLOWED FRINGE BENEFITS. WITH THIS RETROACTIVE REPEAL, THE ORGANIZATION HAS NO UNRELATED BUSINESS INCOME.

PART I, LINE 12 OTHER INCOME IS REDUCED FROM \$95,864 TO 0.

PART II, LINE 30 AND 32 UNRELATED BUSINESS TAXABLE INCOME BEFORE SPECIFIC DEDUCTION ARE REDUCED FROM \$95,864 TO 0, AND LINE 34 UNRELATED BUSINESS TAXABLE INCOME IS REDUCED FROM \$94,864 TO 0 ACCORDINGLY.

PART III, LINE 35C AND LINE 40 ARE REDUCED FROM \$20,215 TO 0.

PART IV, LINE 42 AND LINE 44 TOTAL TAX ARE REDUCED FROM \$20,215 TO 0.

PART IV, LINE 45G OTHER PAYMENT AND LINE 46 TOTAL PAYMENTS ARE INCREASED FROM \$1,630 TO \$20,215.

PART IV, LINE 48 TAX DUE IS REDUCED FROM \$18,585 TO 0.

PART IV, LINE 49 OVERPAYMENT AND LINE 50 REFUNDED ARE INCREASED FROM 0 TO \$20,215.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION		AMOUNT
AMOUNT PAID ON ORIGINAL 2017 TAX RETURN		1,630.
AMOUNT PAID ON AMENDED 2017 TAX RETURN		18,585.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G		20,215.