			AMENDED 1				206	/
Form 996-T	i F	Exempt Orga				ax Retur		OMB No 1545-0687
Form 33G-1	i •		nd proxy tax und			ux i ictuii	. -	
<u> </u>	For ca	lendar year 2017 or other tax yea			, and ending JUN	30, 2018		2017
			.irs.gov/Form990T for in				— L	
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbe					. Or 50	nen to Public Inspection for 1(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name of	hanged	and see instructions.)			er identification number
address changed							instructi	
B Exempt under section	Print	PLANNED PARENTHO	DD LOS ANGELES	_				5-2408623
X 501(c)(3)	or Type	Number, street, and room		x, see in	structions			id business activity codes tructions)
408(e) 220(e)	Type	400 WEST 30TH ST					4	
408A 530(a)		City or town, state or pro	• • • • • • • • • • • • • • • • • • • •	r foreigi	n postal code			
529(a) C Book value of all assets	l	LOS ANGELES, CA			·		900099	
at end of year 87,258,	083	F Group exemption number G Check organization type		poration	E01(a) trust	401/6	\ truct	Other trust
H Describe the organization							ı) trust	Other trust
		poration a subsidiary in an				<u> </u>	Yes	X No
-		tifying number of the paren		11-50051	diary controlled group?		[] 163	NO
J The books are in care of			K doi pordaon P		Teleph	one number 🕨 2	213-284	-3200
		de or Business Inc	ome		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	s				· · · · · · · · · · · · · · · · · · ·			• • • • • • •
b Less returns and allow			a Palance ▶	1c		٠		**
2 Cost of goods sold (S	chedule	A, line 7)		2			3	. ,
3 Gross profit Subtract	line 2 fr	rom line 1c		3		,		
4 a Capital gain net incom	ne (attac	h Schedule D)		4a		- ·		
b Net gain (loss) (Form	4797, P	art II, line 17) (attach roin	141314	4b			·	
c Capital loss deduction	for trus	sts		4c		1		
5 Income (loss) from pa	artnersh	ips and S corporations (att	ach statement)	5		1 m²		•
6 Rent income (Schedu	le C)			6				
7 Unrelated debt-financ	ed incor	ne (Schedule E)		7				
		and rents from controlled o	- '	8				
		on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9	•			
10 Exploited exempt activ				10				
11 Advertising income (S				11		ts s		25.264
12 Other income (See ins		is, attach solicatio	ATEMENT 1	12	95,864.	•	<u>'</u>	95,864.
13 Total. Combine lines Part II Deductio	3 throu	^{gn 12} ot Taken Elsewher	A (Cas instructions fo	13	95,864.			95,864.
		utions, deductions must				income)		
		rectors, and trustees (Sche					14	
15 Salaries and wages	iceis, ui	rectors, and trustees (acre	uule K)				15	
16 Repairs and mainten	ance						16	
17 Bad debts	41100						17	
18 Interest (attach sche	dule)						18	
19 Taxes and licenses	,						19	
	ons (See	e instructions for limitation	rules)				20	
21 Depreciation (attach			,		21		<u>.</u>	
		n Schedule A and elsewhere	e on return		22a		22b	
23 Depletion			F. 1		EN NEET		23	
24 Contributions to defe	erred co	mpensation plans		المرة المرة	EIVED		24	
25 Employee benefit pro	grams		O		2 0 2019 SB		25	
26 Excess exempt exper	nses (Sc	chedule I)	B519	/AY	2 0 2019 오		26	
27 Excess readership co	osts (Scl	hedule J)	[11]		88		27	
28 Other deductions (at	tach sch	edule)		CD	EN, UT		28	
29 Total deductions. A		-		-	AND ASSESSED AND ASSESSED OF THE PARTY OF TH		29	0.
		ncome before net operating		t line 29	from line 13		30	95,864.
		(limited to the amount on					31	
		ncome before specific dedu			30		32	95,864.
		y \$1,000, but see line 33 in					33	1,000.
	taxable	income Subtract line 33 f	rom line 32. If line 33 is	greater	than line 32, enter the sn	naller of zero or		64 654
line 32						·	34	94,864. Form 990-T (2017)
I LIA E	- D	work Daduction Act Natice	inctructions					FORM 21214 1201/)

Form 990-T	(2017)	PLANNED PARENTHOOD LO	OS ANGELES				95-240	8623			Page 2
Part I	II -	Tax Computation									
`35	Orga	nizations Taxable as Corporations.	See instructions for tax computa	ition.							
	Contr	rolled group members (sections 156	1 and 1563) check here 🕨 🗌	☐ See instruction	s and						
а	Enter	your share of the \$50,000, \$25,000	and \$9,925,000 taxable income	brackets (in that o	rder).						
		\$ (2)		(3) \$		1					
ь		organization's share of (1) Addition				i					
•		Additional 3% tax (not more than \$10		, <u> </u>							
c	. ,	ne tax on the amount on line 34	-,,	SEE STAT	EMENT 3		•	35c		20,	215.
36		s Taxable at Trust Rates See instru	ictions for tax computation. Inco	me tax on the amo	unt on line 3	34 from	•	727			
•••			lule D (Form 1041)				•	36			
37		y tax. See instructions	1010 2 (101111 1011)					37			
38	•	native minimum tax						38			
39		on Non-Compliant Facility Income	See instructions					39			
40		. Add lines 37, 38 and 39 to line 35c						40		20	215.
Part I	_	Tax and Payments	or co, mionoror applico		_	•		1 40			
		gn tax credit (corporations attach Fo	rm 1118 trusts attach Form 111	5)	41a						
41a		r credits (see instructions)	ini 1110, uusts attacii 10iiii 1110	.,	41b		•	┥			
		ral business credit. Attach Form 380	n		41c			┥			
ن		t for prior year minimum tax (attach			41d			┥			
d		credits. Add lines 41a through 41d	101111 0001 01 0021)		1 4 10			1 410			
								41e 42		20	215.
42		ract line 41e from line 40 r taxes Check if from	55 Form 8611 Form	n 8697 🔲 Form	n 8866 🗀] Other					
43			.55 [] FOIII 66 [1 [] FOII	11 003/ FUIII	11 0000	J Other (attach schedule)			20	215.
44		tax Add lines 42 and 43	to 2017		1450			44			
	-	nents A 2016 overpayment credited	10 20 17		45a						
		estimated tax payments			45b			⊢ . ∣			
		leposited with Form 8868	/d -4		45c						
		gn organizations Tax paid or withhel	d at source (see instructions)		45d			-			
		up withholding (see instructions)	(4) 1.5 0044)		45e						
		t for small employer health insurance			451			- 1			
g	$\overline{}$	credits and payments	Form 2439								
		Form 4136		630. Total	► 45g		1,630				
46		payments. Add lines 45a through 4	=		TEMENT 2			46		<u></u> ,	630.
47		nated tax penalty (see instructions) (47			
48		lue. If line 46 is less than the total of	•					48		18,	585.
49		payment If line 46 is larger than the						49			
50		the amount of line 49 you want. Cre			diam /		unded	- 50			
Part \		Statements Regarding C		· · · · · · · · · · · · · · · · · · ·						т —	
51		y time during the 2017 calendar year					y			Yes	No
		a financial account (bank, securities,									
	FinCE	N Form 114, Report of Foreign Bank	and Financial Accounts. If YES,	enter the name of t	the foreign o	ountry					
	here									<u> </u>	X
52	Durin	ig the tax year, did the organization r	eceive a distribution from, or was	s it the grantor of, (or transferoi	to, a for	eign trust?			<u> </u>	X
	If YES	S, see instructions for other forms th	e organization may have to file.								
53		the amount of tax-exempt interest re								<u> </u>	
	Ur	nder penalties of perjury, I declare that I have virect, and complete. Declaration of preparer	e examined this return, including accome fother than taxpayer) is based on all in	panying schedules an formation of which pre	d statements, parer has any	end to the knowledge	best of my know	ledge and b	elief, it is tru	e,	
Sign	"	4-000					Г	May the IRS	S discuss this	s return v	vith
Here		Duck/Ob	<u> </u>	INTERIM	CFO			-	r shown belo		
		Signature of officer	Date	Title				instructions)? X Y	es	No
		Print/Type preparer's hame	Preparer's signature		Date		Check	if PTII	N		
Paid							self- employe	d			
Prepa	rer	KATY BROWN	KATY BROWN		05/09/19			P0	0650274	l .	
Use C		Firm's name ARMANINO LLE					Firm's EIN	> :	94-6214	841	
	y		COSTA BLVD, STE. 500								
		Firm's address > SAN RAMON	I, CA 94583-4600				Phone no.	925-79	0-2600		

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A	-				
1 Inventory at beginning of year	1_			Inventory at end of yea	ŗ		6		
2 Purchases	2		7	Cost of goods sold Su	ıbtract l	line 6			
3 Cost of labor	3			from line 5 Enter here	and in f	Part I,			
4 a Additional section 263A costs	[line 2			7		
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		<u> </u>	No
b Other costs (attach schedule)	4b		_	property produced or a	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Per	sonal Property L	ease	d With Real Prop	erty) 		
1 Description of property									
(1)									
(2)						.			
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	s than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec d 2(b) (a	ted with the income in 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	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Det	ot-Financed	income (see	Instru	ctions)	·	• • • • • • • • • • • • • • • • • • • •			
			2	Gross income from		Deductions directly confit to debt-finance	ed prop	erty	
1 Description of debt-fr	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)		•				· · · · · · · · · · · · · · · · · · ·	1		
(2)								•	
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	adjusted basis allocable to inced 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 colum 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)		-		%					
						nter 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			٥.
Total dividends-received deductions in	ncluded in columi	n 8				•			0.

Schedule F - Interest, A	umume:	s, noyait	ies, and		Controlled O			itions	s (see ins	tructions	5)
Name of controlled organization	on	2 , Emp	oloyer		elated income	· .	al of specified		t of column 4 t		6. Deductions directly
3		identific numb	ation	(loss) (see	instructions)	payr	ments made	organiz	ed in the contr ation's gross i	olling ncome	connected with income in column 5
(1)											
(2)									_		
(3)							· ···	ļ			<u></u>
(4)			I					<u> </u>		,	
Nonexempt Controlled Organiz	ations										
7. Taxable Income	8. Netui (s	nrelated incom- ee instructions	e (loss))	9. Total	of specified payr made	nents	10 Part of colu in the controll gros	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)	_			<u>.</u>							
(2)											
(3)											
(4)											
							Add colur Enter here and line 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1 Part I, line 8, column (B)
Totals Schedule G - Investmei	nt Incon	ne of a S	ection (501/c)/7	1) (9) or (17) Ord	nanization		<u> </u>		
(see instr		ile Ola S		001(0)(1	,, (v), or (. , , 0, 6	jui ii Latioii				
	ription of inco	me			2. Amount of	ıncome	3. Deduction directly connected (attach schedu	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)								•			
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co		-				Enter here and on page 1, Part I, line 9, column (8)
Totals				▶		0.			'	•	0.
Schedule I - Exploited I (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income		•		
Description of exploited activity	2 G unrelated incom- trade or t	business e from	3. Exp directly co with pro- of unre- business	onnected duction elated	4 Net incom from unrelated business (co minus columi gain, compute through	I trade or llumn 2 n 3) If a a cols 5	5. Gross income from activity is not unrelated business income.	that ted	6. Exp attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter her page 1, line 10,	, Part I, col (A)	Enter here page 1, line 10 c	Part I, col (B)			-	;	1		Enter here and on page 1 Part II, line 28
Totals Advantage		0.		0.	<u> </u>						0.
Schedule J - Advertisir Part I Income From F					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ain, comput	5. Circula e income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more then column 4)
(1)						٠					
(2)							· [
(3)											
(4)											
Totals (carry to Part II, line (5))	•		0.	O).						0.
											Form 990-T (2017

Page 5

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)	<u>.</u>	•		Enter here and on page 1 Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.			<u> </u>	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	ı	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 (2017)

Internal Revenue Ser

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

PLANNED PARENTHOOD LOS ANGELES 95-2408623 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). 94,864. 1 Taxable income or (loss) before net operating loss deduction 1 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 2f f Long-term contracts 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) 21 Passive activities (closely held corporations and personal service corporations only) 21 k Loss limitations 2k 21 Depletion m Tax-exempt interest income from specified private activity bonds 2m n Intangible drilling costs 2n o Other adjustments and preferences 20 94,864. Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 3 Adjusted current earnings (ACE) adjustment: 94,864 a ACE from line 10 of the ACE worksheet in the instructions 4a b Subtract line 3 from line 4a If line 3 exceeds line 4a, enter the difference as a 0 4b negative amount. See instructions 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) 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 94,864. Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT 5 Alternative tax net operating loss deduction. See instructions 6 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual 94,864. 7 interest in a REMIC, see instructions 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 0. 8a group, see instructions. If zero or less, enter -0-0. 8b **b** Multiply line 8a by 25% (0.25) c Exemption, Subtract line 8b from \$40,000. If completing this line for a member of a controlled 40,000. group, see instructions. If zero or less, enter -0-8c 54,864. 9 9 Subtract line 8c from line 7. If zero or less, enter -0-10,973. 10 10 Multiply line 9 by 20% (0 20) Alternative minimum tax foreign tax credit (AMTFTC). See instructions 11 11 5,532. STMT 4 BLENDED RATE 12 Tentative minimum tax. Subtract line 11 from line 10 12 20,215. Regular tax liability before applying all credits except the foreign tax credit 13 13 Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on 14 Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return 14 Form 4626 (2017) JWA For Paperwork Reduction Act Notice, see separate instructions

	· Adju	sted Current Earnings	s (ACE) Worksheet		· ·
		See ACE Worksheet I	nstructions		
1	Pre-adjustment AMTI. Enter the amount from line 3 c	of Form 4626		1	94,864.
2	ACE depreciation adjustment		1 1		
	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	ıh 2b(6)	2b(7)		
С	ACE depreciation adjustment. Subtract line 2b(7) from	n line 2a		_2c	
3	Inclusion in ACE of items included in earnings and pr	ofits (E&P)		1	
а	Tax-exempt interest income		3a		
b	Death benefits from life insurance contracts		3b		
C	All other distributions from life insurance contracts (i	ncluding surrenders)	3c	-; •]	
	Inside buildup of undistributed income in life insuran		3d		
_	Other items (see Regulations sections 1.56(g)-1(c)(6			-	
·	for a partial list)	/(/ 02g/. (///	3e		
f	Total increase to ACE from inclusion in ACE of items	included in E&P. Add lines 3a th		3f	
⊿ '	Disallowance of items not deductible from E&P			:	
٠,	Certain dividends received		4a	`	
		are deductible under contrar 247 (an	74		
U	Dividends paid on certain preferred stock of public utilities that		4b		
_	affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19,			 * ,	
	Dividends paid to an ESOP that are deductible under	• •	4c	<u> </u>	
a	Nonpatronage dividends that are paid and deductible	under section		: ;	
	1382(c)	V/V and /// fan a	4d		
е	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a		:	
	partial list)				
_	Total increase to ACE because of disallowance of item	is not deductible from E&P. Ad-	d lines 4a through 4e	′ 4f	
5	Other adjustments based on rules for figuring E&P		1.1	'	
	Intangible drilling costs		5a		
	Circulation expenditures		5b	——— "	
C	Organizational expenditures		_5c	` l	
d	LIFO inventory adjustments		5d		
е	Installment sales		5e		
f	Total other E&P adjustments. Combine lines 5a throu	gh 5e		51	
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 s	ale or exchange of pre-1994 pro	perty	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f,	4f, and 5f through 9. Enter the r	esult here and on line 4a of		
	Form 4626			10	94,864.

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
512(A)(7) DISALLOWED FF	RINGE BENEFITS	95,864.
TOTAL TO FORM 990-T, PA	AGE 1, LINE 12	95,864.
FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 2
FORM 990-T DESCRIPTION	OTHER CREDITS AND PAYMENTS	STATEMENT 2 AMOUNT

FORM	990-T LINE 35C TAX COMPUTAT	rion	STA	TEMENT 3
1.	TAXABLE INCOME		94,864	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		50,000	
3.	LINE 1 LESS LINE 2		44,864	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	ит	25,000	
5.	LINE 3 LESS LINE 4		19,864	
6.	INCOME SUBJECT TO 34% TAX RATE		19,864	
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		6,754	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		0	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX			20,504
	,			
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20	17	19,921	
		DAYS ====		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	10,336 9,879	
18.	TOTAL TAX PRORATED	365		20,215

	TENTATIVE MINIMUM TAX (TMT)	PRORATION	STATEMENT 4
TENTATIVE MIMIMUM TAX	FOR THE ENTIRE YEAR	10,973.	
TMT IN EFFECT BEFORE 0	01/01/2018	10,973.	
TMT IN EFFECT AFTER 12	2/31/2017	0.	
	DAYS		
TMT PRORATED FOR NUMBER		5,532. 0.	
TMT PRORATED	365		5,532.